STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

062349 AUG THE BTRAR DECEASED NAME 20 DATE OF DEATH MONTH 76 HOUR Albert DAY TYPE OR PRINTS Daniel A. BAER August 4th.1987 10:15 Mom 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY male Caucasian April 26 1956 To BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington Maryland USA WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hagerstown Western Maryland Center crew worker highway admin. USUAL RESIDENCE (IF MURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Washington 1704 York Road 21740 Hagerstown YES | NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles D. Leda Elgin Baer, Jr M. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES GIVE WAR OR DATES) 213-72-7935 Leda M. Baer, Hagerstown, Md. no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic PART I. DEATH WAS CAUSED BY: less than 24 hr Hyperkalemia IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF since 1985 Chronic renal failure Conditions, if onv. which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost Diabetic nephropathy vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION Hypertension 70h IF YES. WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED 211 LOCATION Te PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC) AT WORK NOT WHILE December 1710 85 August 19 87 22a I certify that X (this hospital) attended the deceased from. August sow the deceased alive an August 4 obove, (I) (XX (did) (XXX) view the body after death and that in (my) 5600) opinion death occurred on the date and hour and from the causes stated DEGREE 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 8/5/87 Fe U. Porciuncula 1500 Pennsylvania Ave., Hag., MD 21740 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY burial Aug. 8, 1987 Rest Haven Cemetery Hagerstown, Wash., Maryland 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME antia Devideon Randall Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/B4 (VRA 15, 4)

PORTANT

Confes e e e	luc			G-631, 9/3/	E7, by STA		ARYLAND	HYGIENE		2 1
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20000000000000000000000000000000000000	2	OKEIGH COUNTRY)	MD	U.S.A.		WIDOW		T.T In .	ington Cou	unty ^{>/}
2 H 2 B 2 L	10 C	ITY OR TOWN	OF DEATH		PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	FOR MOST OF WORK	ATION (TYPE OF WORK	176 KIND OF BUSINESS OR INDUSTRY
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AN HELD		death result		rol causes X,		icide 📗	Hamicide .	Undetermined man		
L EXAMINER: 1 E CERTIFICATE, DULD BE FORW, L. DIRECTOR: P. WITH THE SI			0.1	10.	Dr. 1/-	0.	TITLE (SPECIFY)			
A HAPPEN	1	SIGNATURE	WU	Marile	Mes 225	4	• Assistan	T_MEDICAL EXAMI	DATE NER SIGN	8-6-87
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064093 AUG

eral directar, page 3 72 hours ofter death

STATE OF MARYLAND

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ŀ			ugnter								W
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	MAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	016-12-L		Mary J. Beec	Rfd^DDR che, Boonsb	Fah.	rney-	- Ke	edy 1	Villa
	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUEN R AS A CONSEQUEN DISTRIBUTING TO DI	NOT NCE OF	NOT RELATED TO THE TERMI	noloru ou	DITION	GIVEN IN	PART 100		
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	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA' M.	Y YEAR	21c HOW INJURY OCCURR		RY IN ITEM I	B PART I OR	(PART 2)		
	WHITE NOT WHITE AT WORK	21s PLACE	OF INJURY BEET FACTORY, OFFICE, FA	RM. ETC]	211 LOCATION STREET	CITY OR TO	IWN	co	YINU	5	TATE
	22a.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no		. 19		nd that in (my) (aur) apinion d			. 19 lour and f			
	22b. SIGNATURE	9.	1400			MEDICAL STA		22	B/2	SIGNED 4/8	7
	ABDYL W	AHRED	, un		1610-OAK	HIII AVE	. H.	AZIE	esto	, WN	.mc

(VRA 15, 4)

should be detoched far use os with the Stote Dept of Health TO FUNERAL DIRECTOR:

IMPORTANT: If hem 21 is

DHMH - 16 60M 7/84

BP.

this certificate has been signed by the ottending

230 BURIAL, CREMATION, REMOVAL 8-27-89 23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

23d LOCATION
CITYOR TOWN
Brentwood,

Prince Geo. Md.

John H. Bast, Jr. Funeral Home r. Boonsboro, Md. 21713 AUG 8 7 1987 Julia Darden La

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u. 2 Pahrosy- Koshy VATI ogsbore, htt. 21/13	Mary J. Besette. Be	16-12-1960		No.

that S-27-09 Fore Lincoln Genetary drantmood, . Prince Oco. Ma.

Sons H. Bart, Jr. Boomsbore, Ma. 20703 Alife P. 7 188 - 1 - 2 - 2000

063280

STATE OF MARYLAND

20 8	FOR STATE REGISTRAR F.1.d	-1	DEPARTA	AENT OF H	EALTH AND MENTAL HYE		1503
1. DE	CEASED NAME	•	Mae	0:	ivens	REG. NO.	DAY YEAR 26 HOUR - 15 - 87
3. SE	x male	4. RACE white		July	12, DAY 1926 YEAR	6 AGE (IN YEARS (AST BIRTHDAY) 61 Y	MONTHS DAYS HOURS MI
Pe	RTHPLACE (STATE OR FOI COUNTRY) nnsylvania	U.S.		WIDOWE		9 BALTIMORE CITY <u>OR</u> COU Washin	gton
H	agerstown	Washingt	HEACILITY, GIVE STREET LON Count	y Hos	prother institution pital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK) Seamtress	126 KIND OF BUSINESS (INDUSTRY COAT factor
Ma Ma	ryland	G HOME OR OTHER INSTITUTION 36 COUNTY Washington	136 CITY OR TOW Hagersto	N	13d INSIDE CITY LIMITS? YES NO X	Route 6, Box	21740 99
1	Charles	C.	Noe1		15. MOTHER'S MAIDEN NA/ FIRST Meda	L.	Swope
16a V	WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	215-34-4		Mr. Homer L.	Bivens, Hager	stown, Maryland
CERTIFICATION	PART 2 OTHER SIGNI Very 190 DATE OF OPERATION	cent int	DNTRIBUTING TO I	val	NOT RELIFED TO THE TERM NOT RELIFICATION NOT RELIFED TO THE TERM NOT RELIFED TO THE TERM NOT	NAL DISEASE OR CONDITION 200 AUTOPSY? YES NOT	IF YES, WERE FINDINGS USED FETTIFYING CAUSES OF DEATH? YES NO NO
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*	sow the deceases	this hospital) attended the	e deceased fram	7,00	nd that in (my) (bur) opinian (death accurred on the date onc	d hour and fram the causes stated
7	224 PHYSICIAN'S NAM	AE (TYPE OR PRINT) S, HO			ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
23a E	BURIAL, CREMATION, R (SPECIEV) burial		7, 1987		iew Cemetery	Bedford Coun	ty, Pennsylvani
24 FI	UNERAL DIRECTOR N	INNICH FUNE on Blvd.,Ha	RAL HOME gerstown,	Mary1	and 21740 AUG	F 9 98 TRARY	GISTRORSEIGNATIONELES

DHMH - 16 60M 7/84 (VRA 15, 4)

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16	3506 4	0	FOR STATE REGISTRAR			DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	SENE 7 2	4	5 0	e e
oy be	J J U D AL		OR PRINT)	PC/E	Eliza	Beth	S. DATE C	oon teld	20 DATE OF DEATH MC	8/18	187	6 A M
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oth, Pu	119		RTHPLACE (STATE OR F. COUNTRY) VEW York Ci		76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED D	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
s often do	明新	10 C	TY OR TOWN OF DEA		Colton	HOSPITAL, NURSIN CH FACILITY, GIVE STREET A VIIIA NUI	G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W SECRETARY		INDUSTRY	BUSINESS OR Educati
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ed with	and 2 s	14. FA	THER'S NAME FIRST John	,	MIDDLE	Rya	an	15 MOTHER'S MAIDEN NAM	MIDDLE		Dunha	upt
ne execut	Pages Pages medical	- (VAS DECEASED EVER VES. NO OR UNKNOWN) 10		MED FORCES? E WAR OR DATES)	102-34-69		Arthur W. Blo	ADDRESS oomfield, Hag		own, Md	
he death certificate	he ottending physcir emove corbonpapee imotion, or removal ir troumotic event, the		18 CAUSE OF DEATH W PART I. DEATH W Conditions, if ony, gave rise to imm couse (a), statin	MAS CAUSEI IMMEDIATI which nediote	D BY: E CAUSE (o) DUE TO, O	R AS A CONSPOUE	NCE OF	Failing &	res t carci	Lon	das	ATE INTERVAL ISET AND DEATH
w requires that 1	been signed by the min. Then please reprior to buriol, creaty injury, or other	ATION	underlying couse	VIFICANT C	onditions co	ONTRIBUTING TO D	DEATH 8UT	NOT RELATED TO THE TERM			N IN PART Tra	GS USED
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O HOSP	should be with the S		228. PHYSICIAN'S NA	enl	VDE X	6 ms		1610 Oakl	61/ Au 14	ueh	bun.	ND
_			URIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	0	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

burial Aug.19,1987 Mt. St. Mary's

24 FUNERAL DIRECTORMINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

Flushing, Queens, N. Y.

mra director, page 3

	ST
3	DEPARTMENT

ATE OF MARYLAND ENT OF HEALTH AND MENTAL HYSENE / CERTIFICATE OF DEATH

				STATE OF MAKTLAND		
	1.	FOR STATE	DEPARTM	MENT OF HEALTH AND MENTAL HYS	JENE 7 2 4	5 0 5
25 8	7	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
	{TYPE	Ralph		Boward	AUGUST 12,	1987
	3. SE		4 RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
			WHITE	MAY 23 1915	72	ONTHS DAYS HOURS MIN.
	Za-BI	MALE RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	11A 1 2 131 J	9 BALTIMORE CITY OR COUNTY	OF DEATH
25		CQUNTRY)	II C A	MARRIED X NEVER MARRIED		UNTY
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1	10. 01	EI .	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	I TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
5		HAGERSTOWN	4U/ MAYFAIR A	VENUE	ASSEMBLY . (RGAN MNFG.
85	13a. S	STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e,STREET ADDRESS / ZIP CODE	2174/1
			HINGTON HAGERS	STOWN YES NO IX		VENUE
10.0	14. FA	ATHER'S NAME	MIDDLE - LAST	15. MOTHER'S MAIDEN NA	MIDDLE	O LAST
KO		JAMES FR	ANKLIN BOWAR	RD EMMA	VIRGINIA	CLOWES
1	160 V	VAS DECEASED EVER IN U.S. AR	CALLED ON DATECT		ADDRESS	
1/	- "	YES, NO PRUNKNOWN) (IF YES, GIV	214-09-	-9691 THELMA N.	. BOWARD SAME A	As 13
£'		18 CAUSE OF DEATH (Enter on	ily one couse per line for (a), (b), and	d (es.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ver.		PART I. DEATH WAS CAUSE	Ď BY. TE CAUSE (a).			
tic e		IMMEDIA	DUE TO OR AS A CONSEQUE	The state of the s		N - Barrier
0 8 9		Conditions, if any, which	(House CV	A	Immed of
r fro		gave rise to immediate couse (a), stating the) (b)		()	1
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ou A)	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	, WERE FINDINGS USED
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2		OR CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE P	AY YEAR	TEO (EMERICATION OF MAJOR IN METER 10)	
2	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 71d, INJURY OCCURRED		211 LOCATION		
morkedor	MEC		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	1. COUNTY STATE
ork		AT WORK AT WORK				
E			tal) attended the deceased from_			19, that II (we) last
121			t) view the bady after death		death occurred an the date and haur	
tem		22b. SIGNATURE	.01111	DEGREE	AMEDICAL STAFF	220 DATE SIGNED
±		1/	W ML	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18-13-6
TAY /		22d PHYSICIAN'S NAME TO CO	e Filmit)	22e ADDRESS		+ /
MPORTANT		W. Z. K	ONG MA	1933 1/6	Ave Hazens	lown Red
₹	23o E	BURIAL, CREMATION, REMOVAL	23h DAT 23c N	NAME OF CEMETERY OR CREMATORY	23d VOCATION	14
		BURIAL	8-14-87 RE	ST HAVEN CEMETE	RY HAGERSTOWN	WASH. MD.
V, 3	24 FI	UNERAL DIRECTOR	305 N. POTO		E REC'D. BY REGISTRAR 756 REGISTI	
7/84	GE	RALD N. MINN	10 Doctor			Twidson fundace
	2	THE HEAD IN THE NIN	TON HAGENSTOWN	12 HANTENNO PAUL	1 2 301	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physhould be detacked for use as the burial-transit permit. Then please remove carbangel with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remove

(VRA 15, 4)

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AUBUA

ARTHS 23, 35 ENSE TO SERVICE ON COUNTY THE WASHINGTON ON A STREET WASHINGTON TO SHARE THE WASHINGTON OF THE PARTY OF THE P THE STATE SHEETING THE WATER FROM SELECTION SE KICHTER PRESTEN TURNER MINTEE NO THE STREET THE PRODUCT STREET THE PRODUCT STREET TO STREET CARLESTON TRICKING WINDS TO A CONTROL FOR THE SECOND

MESTOR M. SERVICE IT CORE 348 MC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 4 5 0 7

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E (IV	PE OR PRINT)	WELM	ER	AARON		BRE	CHT, J	R.	OF	MATED	Aug.		, 87	1:38
Tm.	ale	4 RACE white	5. DATE OF BIRTH MONTH DAY June 11	YEAR	AGE (IN YEAR LAST BIRTHDAY	Y) MONTHS	TYR. IF UN	NDER 24 HRS	7t. DATE PRONOUN DEAD		HINOM	6	YEAR 19 87	1: 30
70 E	BIRTHPLACE (S		76 CITIZEN OF W	HAT COUNT		l l	□ NEVER M	400 ED 3 7		7101	OR COUN			PA
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	JIAIL OI MAKI
FOR	DEPARTMENT OF HEALTH AND
STATE	
REGISTRAR	CERTIFICATE OF

STATE OF MARYLAND MENTAL HYGIENE

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STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate his should be detached for use as the burial-transment with the State Dept. of Health and Mental Hypur MPORTANT: If Hem 21 is marked or Item 18 ma-

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BP	burial Aug.6,1987 Evergreen Cemetery Luray, Page, Virginia
DHMH - 16 60M 7/B4 (VRA 15, 4)	415 E. Wilson Blvd., Hagerstown, Md. 21740 AUG 1 1 1987 AUG 1 1 1987

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the buriol-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removaling.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or offending physician.

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(VRA 15, 4)

Wilson Blvd., Hagerstown, Md. 21740

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AND 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER 130 STATE 136 COUNTY Was	13c CITY OR TOWN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE Rt 3 Box 136 21722
MARTIN MARTIN	14. FATHER'S NAME FIRST MIDDLE Ward	Carbaugh Eifie	ME MIDDLE R ^{LAST}
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ar ather traumatu		Canditions, if any, whice gave rise to immediat cause (a), stating the underlying cause los	b (b) A' DUE TO, OR A	S A CONSEQUENCE OF		n DISEASE	
any injury.	CERTIFICATION	1 1	RAL SEV	S 15 ON FOR WHICH OPERATI		MINAL DISEASE OR CONDITION GIV 200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
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lem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (LIF EITHER NOTIFY MEDICAL EXA	DEDEATH HOUR A.M. MINER) P.M.	MONTH DAY YEA	R	RRED (ENTER MATURE OF IMJURY IN ITEM TB. P	ART OR PART 2)
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n 21 is me			(1 0	19 87		n death occurred an the date and hou	
- Z		20 SIGNATURE TO PHYSICIAN'S NAME (Resentle	al, m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-9-87
MPORTANT		JOEL (1	COSENTHAL		1188 HA	GENSTINA, "	40 41740
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7/84	K	UNERAL DIRECTOR JAME OGGET CORIR	hus McCon	ox Ilsburg,	Pa. 17233	TE REC'D. BY REGISTRAR 256 REGIST	1859 Martin

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A.K. Coffman Funeral Home. Inc.

(VRA 15, 4)

STATE OF MARYLAND

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be etoined by the hospital ar ottending physician.	be executed within 24 hours offer death. Page 4 may b
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and compact, filled in by the funeral director page should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages in and 2 should be filled within 72 hours after deal with the State Dept. of Health and Mental Hygene prior to burial, cremation, ar removal.	ion and compact filled in by the furnecal director page.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGINE /
CERTIFICATE OF DEATH

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3_ SE		ECIL	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR		# UNDER IT		ER 24 HRS
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	AGERSTOW		WASHIN	IGTON (0. Hos	SP. ASSOC	4	purchasing	agent		roads	s de
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lo	BURIAL, CREMATION,	REMOVAL	236 DATE	2:	3t. NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION				
t	ourial		Aug. 15	1987	Cedar L	awn Mem.	Park	Hagerstow	m, Wa	ish.,	Maryla	and
F	FUNERAL DIRECTOR	MINNI	CH FUNER	RAL HOM	E		250 DATE	REC'D, BY REGISTRAR	P. PEGG	TRAILS SIG	75.00	(D):
1	415 E. Wils	on B1	vd., Hag	gerstown	n, Md.	21740	AUG	1 / 198/	runare	why/ddots	Shirter	

DHMH = 16 60M 7/84 (VRA 15, 4)

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OR ATTENDING PHYSICIAN The

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IC OF	97 REGISTRAR		GERTIN.	CATE OF BEATH	REG. NO			
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7	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	TH	
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1	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION		IND OF BUSINES	SSC
14	Hagerstown	41 Hump Road			Housewi	fe		
33	JSUAL RESIDENCE (IF NURSING HOME OF 13th STATE 13th COU! Was!		OWN 1	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 41 Hu	ZIP CODE	2174	1
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1 10	60 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16h SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	55	160	
/	no	235-74-	-6428	Sandra Mull	.enix		-	
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), (ED BY	and ic	0 1 1	·	A .	PPROXIMATE INTERVINEEN ONSET AND	VAL
9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO			20a AUTOPSY?	206 IF YES, WERE F	INDINGS USED	H2
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1 10	OR CONTRIBUTION OF CAUSE OF DE		DAY YEAR	THE HOW HAJORY OCCORD	CED (ENTERNATORE OF INJUR	THE BEAR TORPE	M1 21	
1 4	216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
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		ital) attended the deceased from	¥7_ an	d that in law (our) opinion of	fo 10 Au	ate and have and fram	m the causes sta	
	200	1-5	mi	ATTENDING PHYSICIAN [MEDICAL STAF	F	DAIL SIGNED	
	224 PHYSICIAN'S NAME (TYPE	enher		138 E. Ant	retum St.	Hagers do	m mi	,2
2	BURIAL, CREMATION, REMOVAL burial			METERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	51	ATE
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/84	415 E. Wilson I	Blvd., Hagerstov	wn, Md.		E REC'D. BY REGISTRAR 3 2 0 1987	256 REGISTRAR'S SK		L

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DHMH - 16 60M 7/84

(VRA 15. 4)

234 BURIAL CREMATION, REMOVAL ZIM DATE

BURIAL

GERALD N. MINNICH

24 FUNERAL DIRECTOR

8-14-87

164188 AUG		FOR STATE PEGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	4518
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ADDRESS MARYLAND	N. In	LORIDA BROW	RAMACCIOTTI	VES NO	405 N. OCE	LAZZARI TOWN, MARYLAND
doing that he death certificate is agained by the attending physical their please receive cortigor (CE) to buried, cremation, an emocal, cityry, or other troumatic and the	NO	PART I DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF	nome of	Colon (rec	wren Tyears
N OF VITAL RECOR	MEDICAL CERTIFICATION	THE ACCESSIT WAS UNDESCRIBED THE OR CONTRIBUTING TO CAUSE OF DESCRIPTIONS TO SERVICE TRANSPORTED TO THE ORIGINAL PROPERTY OF THE ORIGINAL PROPERTY	HOUR A.M. MONTH DAY YEAR P.M. 19	21s: HOW INJURY OCCUR		IN IF YES, WERE FINDING USED N CERTIFYING CALLES OF DEATHY YES NO USEA TO PART 20
ORVISION SPITAL OR ATTENDING PHY of bry the heapital or otherdia NERAL DISCIDE. After the be distributed for use on the but is store Dept of Health and As ITANT if hem 21 is marked as,	WED	saw the deceased alive on	The PLACE OF INJURY 141 HOME, STREET, FACTORY OFFICE, FARM, ETC.) what after ided the idecessed from	DEGREE ATTENDING	death occurred on the date	ond hour and from the course stated TR. DATE SIGNED S-25-87 Klasevs/Deeh Re

73: NAME OF CEMETERY OR CREMATORY

ROSE HILL CEMETERY

305 N. POTOMAC STREET HAGERSTOWN, MARYLAND

HAGERSTOWN

AUG 2 8 1987 1 DENGLA PROPERTY SECRETARY SEGNATURE

WASH. MD.

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STATE OF MARYLAND

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	you poog	3. SEX		4 RACE	5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4 in rs ofti		MALE	WHITE	ial Jai	1. 26, 1902 YEAR	85 YR	MONTHS DAYS HOURS MIN.
	leoth. Po	C	RTHPLACE (STATE OR FOREIGN OUNTRY) RYLAND	U.S	S.A. WID	RRIED NEVER MARRIED COWED NORCED	1/1/1/4/1/	NTY OF DEATH UGTON CTYMO
201	by the filed with	НА	TY OR TOWN OF DEATH GERSTOWN	WASHING	TON COUNTY F	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY GROCERY STORE
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AL RECO	The low r	CERTIFICATION	196 DAT OF OPERATION			ATION WAS PERFORMED	YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
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	ATTENDI spetal or CTOR. A d for use of Heal		22a I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n	n	19		n death occurred on the date and	
	by the hore ERAL DIRE ERAL DIRE Stote Depth ANT: If her		226. SIGNATURE	W	Ad	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
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	26 143 8	23a B	SURIAL, CREMATION, REMOVA	L 236 DAT	23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
	RP	'	BURTAI.	AUG.	\\$ 1987 BLHE	RIDGE CEMETERY	THURMONT	FREDERICK MD.

ROBERT E. DAILEY & SON, P.A. THURMONT, MD. 21788

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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0.00	S. NO	~	6.00	

		3	REGISTRAR		MEI	DICAL EXAMIN	ER'S CER	TIFICATE O	FDEATH	REG. NO	
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	PA FIELD	SEX	ale	White	Sept. 13	YEAR LAST BIRTHDA	RS IF UNDER Y) MONTHS S.	1 YR. IF UNDER	24 HRS 20 DATE MIN PRONOUNC DEAD	ED &	DAY YEAR 28 HOUI
D	A STANFACTOR	FO	RTHPLACE (S REIGH COUNTRY) aryland		76 CITIZEN OF WE	AT COUNTRY?	1	NEVER MARRII	ED L	WASHI	INGTON ME
2	PAGE PAGE		ry or town		HE NOT IN SUCH FAI	PITAL, NURSING HOME, CHITY, GIVE STREET ADDRESS!			FOR MOST OF WORKING heavy op	NG (IFE)	126 KIND OF BUSINESS OR INDUSTRY CEMENT
11201	AND 3	13a S	i residence rate aryland	13b. COUN	ROTHER INSTITUTION, GR TY Lngton	residence before admission 13c City or Town Funks town	13d.	INSIDE CITY LIMITS?	9 E. Pop	lar St.	21734
DRE, AND	GES SES N P	1	Cyrus	McCl		Davis		MOTHER'S MAIDE Anna	MIDI	ary	Kennedy
MILLING	S AFTER GIVE PA GITH FOR PAGES I WISION	y 6	ES, NO, OR UNKNO	1943-1	L945	214 09 584		udy A. M	oore, Funk	stown, Md	1.
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	GCUIT THE GCUIT	1	ACTUAL SIGNATURE, EXAMINER'S (TYPE OR PRII	VT)	SEORG		M.D.	DEPUTY RESS_44A	MEDICAL EXAMINATION OF THE PROPERTY OF THE PRO	DR. #	8-4-81) 103MD-217
07/84 2584	BP	bi	rial		Aug.6,1987			tery	and the same of th		, Maryland
	DHMH - 17 (VR A15 ME (5))		NAME		CH FUNERAL vd., Hager	HOME stown, Md.	21740	AUG	7 1987		SIGNATURE

146 7 987. Oak Triber Pales.

STATE OF M	ARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10	21.34	6
I. DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		AY YEAR	26 HOUR
11110111111	Rober	t	Paul	Da	vis	August 25	. 1987		M
1 SEX		4. RACE		5. DATE O	DE BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	ONTHS DATS	IF UNDER 24 HRS HOURS MIN
Male		White		June	18 1942	45	YRS		HOURS MIN
Pa BIRTHPLACE INIAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Washingto	on, D.C	U.S.	Α.	WIDOW		Washing	ton		MD.
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPAT			OF BUSINESS OR
Rohrersv		125 Ber	ntwillow E	Road		Technicia	n	C&P Te	elephone
Maryland	136 COU	ington	130 CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 125 Bentw	ZIP CODE	Road / 2	1779
IL FATHER'S NAME	Wasti	ingcon	MOIITELSV.	LIIC	15 MOTHER'S MAIDEN NA		IIIOW I	waa, z.	1117
George	R	o land	Davis	5	Annabel	Eva		Arenda	ës
160 WAS DECEASED E		MED FORCES?	166 SOCIAL SECU		17. INFORMANT		htwillo		
No			220-38-13	191	M. Jeanette D	avis Rohrer	sville		
18 CAUSE OF D	EATH (Enter o	nly one cause per	line for Ial, (b), and	die	0			BETWEEN	ONSET AND DEATH
PART I. DEAT		TE CAUSE (o)	Hereto	ell	ula (a)	choma		6	mos
(C) (A) (C)		DUE TO, O	R AS A CONSEQUE	NCE OF					
Conditions, if		(b)_					100		
gave rise to	toting the	DUE TO, O	R AS A CONSEQUE	NCE OF					
underlying c	ouse last	(c)_							
	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DITION GIVE	N IN PART 1	a
Ö.							1		
190 DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOT		WERE FINDING CAUSES	
210. ACCIDENT WA	S UNDERLYING				21c HOW INJURY OCCUR				,,,,
OR CONTRIBUTION		AID	M. MONTH DA	Y YEAR	Property of				
(IF EITHER NOTIFY 71d. INJURY OC		21e. PLACE	OF INJURY		TH LOCATION				
Manna No	T WHILE	(AT HOME ST	REET FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR T)WN	COUNTY	STATE
		nah ottendet V	le decement from		10.72	- 10 Aurust	25	,87	that II (we) last
saw the de-	ceosed olive ar	LA 1	1/0/19_	. 0	nd that in (my) cours opinion	death occurred on the c	date and hour	ond fram the	causes stated
17h SIGNATURE		view, the body	diver death		DEGREE			220 DATE	SIGNED
Kol	ud V	Luc	en ,		ATTENDING PHYSICIAN	MEDICAL STA		8/2	16/8+
224 PHYSICIAN	S NAME (TYPE	OR PRINT)	1 =		220 ADDRESS 4211	MI-Limit C	enter	0-	4103
Robe	rtw	illone	en, m		Pack	isily	ud 2	10857	D
230 BURIAL, CREMATI	ON, REMOVAL	23b. DATE	Zi N	IAME OF C	EMETERY OR CREMATORY	234 LOCATION			
Burial		Aug. 2			ckle Brethren	Myersvill	e Fred	erick	Mary Tand
H EUNERAL DIRECTO	RXY	le - 6.777	. /	0.11	250 DA	TE REC D BY REGISTRA			
Ricketts	Funera	Home	Myersvill	e, M	21773 SE	P8-1987	Mulia	Dandson	· Pandalle

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

2 4 5 2 3

131	BISTRAR					ICATE OF DEATH		R	EG. NO			
1. DEC	CEASED NAME	FIRST		MIDDLE	ŧ	AST	2	DATE OF DE	ATH MON	TH DAY	YEAR	26 HOUR
(TYPE	OR PRINT)	eves	MA	ADELINE	Del	nelio			17	of 14	187	84
3 SEX	X		4 RACE		5. DATE C		6	AGE (IN YEARS	LAST BIRTHDA	Y)/ IF U	NDER I YEAR	IF UNDER 24 1
	FEMALE		white	e	Mar	ch 30, 1920	Ô	67		YRS.	IHS DAYS	HOURS A
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER MARRIE	9	BALTIMORE	CITY OR C	OUNTY OF	DEATH	
	ew Jersey		USA		WIDOWE	_		Washi	ington	า		
На	agerstown	Ē	Washin	gton Cou	unty Ho	Spital		TYPE OF WORK FOR	MOST OF WO	PRKING LIFE]	publ	ishing
13a. S	at residence (if Nursistate aryland	13b COUN		13c. CITY OR TO Hagers	OWN	13d. Inside City Lim Yes \to \tag{0}	AITS?	s STREET ADD	RESS / ZII Pheas	ecope ant T	rail	2174
1	anes		MIDDLE	Cafas	sso	15 MOTHER'S MAID!	toria		DDIE		Riĝ	go
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	ECURITY NO	17 INFORMANT			ADDRESS			
	no	(18 123, 014	E WAR ON DATES	148-01-	-2249	Theresa A	. Doc	dson, H	agers	town,	Md.	
	18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a) (b)	and ici.s.		20				APPROX	IMATE INTERVAL ONSET AND DE
	PART I. DEATH W	AS CAUSE	D BY: E CAUSE (a)	1110	tonit	Ti concer	1	on C	Dona	,		10
	Conditions, if ony, gave rise to imm cause (0), statin underlying cause	mediate ng the last.	(b)	OR AS A CONSEC	QUENCE OF							
FICATION	gave rise to imm cause (a), statin underlying cause	nediate ng the last.	DUE TO, O	OR AS A CONSECUTION ON TRIBUTING 1	QUENCE OF	NOT RELATED TO THI N WAS PERFORMED	IE TERMIN	AL DISEASE OF	? 20	b. IF YES, W	ERE FINDI	NGS USED
RTIFICATION	gave rise to imm cause (o), stofin underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT	nediate ig the last. NIFICANT C	(b)	ONTRIBUTING T	QUENCE OF	N WAS PERFORMED		200 AUTOPS	? 20 IN	b. IF YES, W I CERTIFY IN YES	ERE FINDI G CAUSES	NGS USED
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

AND DO DOD

FOR STATE

AUG

or, page 3 ofter death STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

OF HEALTH AND MENTAL HYGIENE / REG. NO 2 4 5

87	REGISTRAK				TEATE OF PEATIF	REG. NO	1
	EASED NAME	FIRST	WIDDLE	~	AST	20. DATE OF DEATH MONTH	EDAY YEAR 26 HOUR
	K	Db N	MN	DZ	mer	8-4	4-87 60/10
3. SEX		4 RACE		DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	MALE	Cauc	CASIAN	MOINT	7-27-25	62 YR	
la. BIR	THPLACE (STATE OR FO	OREIGN 76 CITIZEN OF	WHAT COUNTRY? 8.	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
U	NAShing-	ton USA	w	/IDO WE	DI DIVORCED	WAShington	V, HAgerstown
0 CIT	Y OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING		OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
614	1gers to WN	WAShi		unt	Y HOSPITAL	molder .	, and a second
USUAL 13a ST	TATE	NG HOME OR OTHER INSTITUTION 13b. COUNTY	N, GIVE RESIDENCE BEFORE ADA	MISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ODE
Ma	ryland	Washington	Hagerston	wn	YES 🔣 NO 🗌	639 N. Mulberr	
14. FAT	HER'S NAME	WIDOLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
	George	W.	Domer		Ada	L.	Kindle
	AS DECEASED EVER I	N U.S. ARMED FORCES?	166. SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDRESS	
no		(IF TES, GIVE WAR OR DATES)	219-20-07	59	Dorothy M.	Domer, Hagersto	
1		(Enter only one cause pe	r line far (a), (b), and (c	1,1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a)	VENTAICUL.	An	ARRHY THMI	1 14-	SUDDEN
			OR AS A CONSEQUENC				
	Canditians, if any,	which (b)_			COTIC HEMNT	DISEASE	16 YEARS
	gave rise to imm cause (a), stating		OR AS A CONSEQUENC	F OF			
	underlying cause	last (c)					
	PART 2 OTHER SIGN	IFICANT CONDITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICATION	NONE						
ICAI	90 DATE OF OPERAT		OITION FOR WHICH OP	ERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TIE L	NONE					YES NO	YES NO
	210. ACCIDENT WAS UNDI		OF INJURY	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2
CAL	(IF EITHER NOTIFY MEDIC	out of pentil	.M.	19			
MEDICAL	21d. INJURY OCCURR	LAT HOME S	OF INJURY	FIC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WOR	LE C	THE PACIFIC OF THE PA				
1	22a. I certify that	(this haspital) attended t	he deceased from FC	BRUM	ny 1 1972	, to AUGUIT 4	that (1) (we) last
	saw the deceased	d alive on JUNE	24 1987	, or	nd that in (my) (aur) apinian o	death occurred an the date and l	haur and Iram the causes stated
	226. SIGNATURE				DEGREE	/	221 DATE SIGNED
	Bough	elhe-		1	ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	08-05-87
1	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			22e ADDRESS 339	ERST ANTIETI	you st
	BARRY	M. COHEN	/		HAGENSTON	WN, MB 217	40
23a. BU	JRIAL, CREMATION, R			AE OF C	EMETERY OR CREMATORY	23d LOCATION	
bu	rial	Aug.7,	1987 Rose	Hi1	1 Cemetery	Hagerstown	n, Wash., Maryla
24 FUN	NERAL DIRECTOR	MINNICH FUN			1250, 951	E REC'D. BY REGISTRAR 251 REG	SISTRAR'S SIGNATURE
41	.5 E. Wilso	on Blvd., Ha	gerstown, 1	Md.	21740 AUG	1 1901 Julia	Dendoon-Kondalla
			_				

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is m

TO FUNERAL DIRECTOR. After this certificate has been signed by the attraction be detached for use as the burial-transit permit. Then please remove with the State Dept of Health and Mental Hygiene prior to burial, cremati

retained by the haspital ar

BP.

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8+ .19 8.7, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED 230 BURIAL, CREMATION, REMOV REGISTRAD 250, REGISTRAN'S SIGNATURE 24 FUNERAL DIRECTOR WILLIAMSPORT MO 21783 JOR M. OSBORNE

STATE OF MARYLAND

2b HOUR

HOURS

CHEMICAL

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IF UNDER 1 YEAR

:20 PM

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

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page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3 0

PLACE (STATE OR FOREIGN 76 VIAND OR TOWN OF DEATH 11 ESIDENCE IN NURSING HOME OR OT TE WASh. REST NAME FIRST ME Charles W. DECEASED EVER IN U.S. ARME NO OR UNKNOWN) IN YES GIVE W. CAUSE OF DEATH IETITY PART I. DEATH WAS CAUSED I IMMEDIATE I ON ONLY ON THE PROPERTY OF THE PROPER	White U.S.A. I. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWESTREET WASHINGTON COUTERY) THER INSTITUTION GIVE RESIDENCE BEFORM Y 13c CITY OR TOW Hagerst DDLE LAST FAGET ED FORCES? WAR OR DATES) TO THE COURSE OF	S DATE OF MONTH DEC. MARRIED WIDOWED ING HOME OR ADDRESS) INTY HO IE ADMISSION) VN ST. URITY NO. 5606	31,1922 NEVER MARRIED DIVORCED OTHER INSTITUTION SPITA1 13d. INSIDE CITY LIMITS? YES NO SMOTHER'S MADDEN NAV FIRST LEOTTA 17 INFORMANT	6 AGE (IN YEARS LAST BIRTHDAY) 64 YRS 9 BALTIMORE CITY OR COUNTY Washington 170 USUAL OCCUPATION (TYPEOF WORK SOR MOST OF WORKING LIFE BUS Driver 13e STREET ADDRESS / ZIP CODE Rt. 5, Box 339A	176 KIND OF BUSINES INDUSTRY SCHOOL 21740 Carbaugh
PLACE (STATE OR FOREIGN 76 VIRY) yland OR TOWN OF DEATH TSTOWN ESIDENCE IF NURSING HOME OR OT THE 136 COUNTY Wash ER'S NAME FIRST Charles OCUNKNOWN) CAUSE OF DEATH LENter only PART I. DEATH WAS CAUSED I IMMEDIATE OR ON UNKNOWN) MY II	White U.S.A. I. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWE STREET WASHINGTON COUTHER INSTITUTION GWE RESIDENCE BEFORM HAGERST DDLE LAST FAGET ED FORCES? WAR OR DATES) One couse per line for (a), (b), on BY. CAUSE (a)	MARRIED WIDOWED NG HOME OR ADDRESS) HOTY HO COWN ST. URITY NO5606	31,1922 NEVER MARRIED DIVORCED OTHER INSTITUTION SPITA1 13d. INSIDE CITY LIMITS? YES NO SMOTHER'S MADDEN NAV FIRST LEOTTA 17 INFORMANT	9 BALTIMORE CITY OR COUNTY Washington 172 USUAL OCCUPATION (TYPEOF WORK OF MOST OF WORKING LIFE BUS Driver 132 STREET ADDRESS / ZIP CODE Rt. 5, Box 339A ME M.DDLE M. ADDRESS	OF DEATH 176 KIND OF BUSINES 1NDUSTRY SCHOOL 21740 Carbaugh erstown, Md.
PLACE (STATE OR FOREIGN 76 VIRY) VIAND OR TOWN OF DEATH TSTOWN ESIDENCE (IF NURSING HOME OR OF THE 136 COUNTY WASh, OR SNAME FIRST Charles DECEASED EVER IN U.S. ARME NO OR UNKNOWN) S CAUSE OF DEATH LENter only PART I. DEATH WAS CAUSED I IMMEDIATE (IMMEDIATE (IMMEDI	U.S.A. 1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE SIREET WASHINGTON COUNTER INSTITUTION GIVE RESIDENCE BEFORM THER INSTITUTION GIVE RESIDENCE BEFORM Hagerst DDLE LAST Fager ED FORCES? 166 SOCIAL SECTION OF S	MARRIED MARRIED WIDOWED NG HOME OR (ADDRESS) NTY HO (E ADDRESS) COWN COWN ST. URITY NO5606	31,1922 NEVER MARRIED DIVORCED DIVORCED OTHER INSTITUTION SPITA1 13d. INSIDE CITY LIMITS? YES NO STREET IS. MOTHER'S MAIDEN NAI FIRST LEOTTA 17 INFORMANT	9 BALTIMORE CITY OR COUNTY Washington 170 USUAL OCCUPATION (TYPEOF WORK SOR MOST OF WORKING LIFE BUS Driver 130 STREET ADDRESS / ZIP CODE Rt. 5, BOX 339A ME MIDDLE M. ADDRESS	of DEATH 176 KIND OF BUSINES 1NDUSTRY SCHOOL 21740 Carbaugh erstown, Md.
PLACE (STATE OR FOREIGN 76 VIRY) VIAND OR TOWN OF DEATH TSTOWN ESIDENCE (IF NURSING HOME OR OF THE 136 COUNTY WASh, OR SNAME FIRST Charles DECEASED EVER IN U.S. ARME NO OR UNKNOWN) S CAUSE OF DEATH LENter only PART I. DEATH WAS CAUSED I IMMEDIATE (IMMEDIATE (IMMEDI	U.S.A. 1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GRESTREET WAShIngton Coultres Institution Give residence before Y 13c. CITY OR TOW Hagerst DDIE LAST FAGET ED FORCES? 16b SOCIAL SECULATION SECULATION SOCIAL SECULATION SOCIAL SECULATION SOCIAL SECULATION SECULATION SOCIAL SECULATION SEC	MARRIED WIDOWED NG HOME OR ADDRESS) INTY HO IE ADMISSION) VN COWN Sr. URITY NO5606	NEVER MARRIED DO DIVORCED DIVO	Washington 170 USUAL OCCUPATION 170 USUAL	176 KIND OF BUSINE: INDUSTRY SCHOOL 21740 Carbaugh erstown, Md.
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TE 136 COUNTY WAS A. WA	y Hagerst IBLE LAST Fager ED FORCES? WAR OR DATES) 166 SOCIAL SECU- 188-12- ane couse per line for 101, (b), on BY. CAUSE (o)	Sr. URITY NO5606	YES NO IX 15. MOTHER'S MAIDEN NAM LEOTTA 17 INFORMANT	ME MIDDLE M ADDRESS	Carbaugh
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CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED I IMMEDIATE I	ane couse per line for (o), (b), on BY. CAUSE (o)	lern	r cardiaus	ACIPAL RIAGON	APPROXIMATE INTER
ave rise to immediate ouse (o), stating the nderlying cause last. ART 2 OTHER SIGNIFICANT CO	DUE TO, OLAS A CONSEQUENCE ON THE CONTRIBUTING TO	Ky (a)	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART Ira
DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATI S NO
B. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART I OR PART 2)
MINJURY OCCURRED WHILE NOT WHILE WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE		ZH LOCATION STREET	CITY OR TOWN	COUNTY SI
a 1 certify that (I) (this hespital saw the deceased alive on above (II) well (did nat)	8-22 195	37 , and	that in (my) (corr) opinion	death occurred on the date and hour	
PHYSICIAN'S NAME TYPE OR P	nell mp	D	ATTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	8-28-8"
IAL, CREMATION, REMOVAL			ven Cemetery	23d LOCATION CITY OF TOWN Hagerstown	wash., 1
d d	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER MOTHEY MEDICAL EXAMINER) INJURY OCCURRED INTER MOTHEY MEDICAL EXAMINER) INTER MOTHER CAUSE Soow the deceased alive on above 117 worlded) (did not) INTER PHYSICIAN'S NAME (1) YPE OR (1)	ACCIDENT WAS UNDERLYING 216 TIME OF INJURY CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DETERMEN NOTIFY MEDICAL EXAMINER) INJURY OCCURRED The PLACE OF INJURY INT HOME. STREET FACTORY OFFICE. ON the deceased alive on above 410 method) (did not) view the body after death. PHYSICIAN'S NAME) (TYPE OR PRIMA)	DATE OF OPERATION ACCIDENT WAS UNDERLYING 216 TIME OF INJURY CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED ILL CHIEF NOTIFY MEDICAL EXAMINER INTURY OF CONTRIBUTION ALL CHIEF NOTIFY MEDICAL EXAMINER INTURY OF CONTRIBUTION ALL CREMATION, REMOVAL AUG. 31, 1987 REST HAT	DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCUR EITHER NOTIFY MEDICAL EXAMINER) 1NJURY OCCURRED 21c. PLACE OF INJURY 19 21b. DATE 1 certify that (1) (the besprint) attended the deceased from 3 2 3 3 3 3 3 3 3 3	ACCIDENT WAS UNDERLYING

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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TO FUNERAL DIRECTO. After the centralize has been signed by the attending physician and co should be detacked for use on the burnel man, then please remove carbon papers. Pages 1, with the State Dept of Mean and Mental Highers prior to burnel, cremation, or removal.

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DATE - WELL AND STORY - NAME OF STREET

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Marshall and Joseph Control of the Secretary and the second of the secon

2706 AUG	-	FOR ATE GISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE / 2 4	5 2 7
and the same of th	(TYPE	CEASED NAME FIRING	285 M.	FOGLE	20. DATE OF DEATH MONTH	187 1003
ge 4 mc	3.58	-enale	white	5. DATE OF BIRTH MONTH DAY YEAR 11 99 1896	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRY
THE BE	(III) (17)	ETHPLACE TITAL DEPOSITOR	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	TY OF DEATH
2190	14	POCISTOL ON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET AVAILANDED TO	ADDRESSI	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	176 KIND OF BUSINESS O INDUSTRY Home
24 hours	136.5	ALTESIDENCE (# MUSSING HOME OF THE COUNTY OF		ADMISSION) N 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI 13 S. Main St.	
10//	14. F/	Otho (Sigler	15. MOTHER'S MAIDEN NA Protase	ME MIDDLE	Lord
10 1/		VAS DECEASED EVER IN U.S. AR	166 SOCIAL SECU 219-46-1		ADDRESS Dyer, South Moun	tain. Pa.
physics spent		PART I. DEATH WAS CAUSE			Altres boses	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tending e corbo en, or te		Conditions, if any, which	DUE TO, OR 45 CONTO	18/ Lashin	rea	å
or the day the or cremon.		gave rise to immediate course in training the underlying course last	DUE TO OR WATCHISEQUE	the Carte	hie a Kruise gr	
signed the plan of	NOI	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION G	IVEN IN PART 1 0
1 10017	14	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{align*} \text{NO} \\ \b
physical phy	AL CERTIFIC	214. ACCIDENT WAS UNDERLYING. [HOUR AM MONTH DA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
House of the state	MEDIC	THE ETHER HOLES MEDICAL ENAMANS THE PROJURY OCCURRED	21s. PLACE OF BIJURY (All HOME SPEET, FECTORS, OFFICE F	211 LOCATION	CITY OF TOWN	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

WPORTANT. II

The BURIAL CREMATION, REMOVAL TIL DATE Cremation Aug.2,1987

230 NAME OF CEMETERY OR CREMATORY Smithsburg Crematorium

DEGREE

23d LOCATION
CITY OF TOWN
Smithsburg,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Md.

24 FUNERAL DIRECTOR Davis Funeral Home, Smithsburg, Md., 21783 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
AUG 1 3 1987 Siridam Pardace

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on r				AASSINS	
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.et atte	er, doubt	od maleya	craren 1		
	albert A	CABLER			
		ALC: NE			
A.F.			La Talk		
	carateta la		nandino Sigl,	. To hoi:	UT•AΓ
	Piller I.	A DESCRIPTION	N	L. Wolf Day	entra elvisa

STATE		

SEORGE 3. SEX MALE MALE BLACK 76. BIRTHPLACE (STATE OR FOREIGN VIRGINIA 10 CITY OR TOWN OF DEATH HAGERSTOWN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, OF LIGHT OF MALE SEORGE ALLEN 14. FATHER'S NAME FIRST GEORGE ALLEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) INVESTIGATE 18. CAUSE OF DEATH (Enter only one cause per lift of light of ligh		CERTIF	EALTH AND MENTAL H	Ö	REG. I		5 2	8					
		OR BRIDGE -			AIDDLE	C .	INES	2	DATE OF DEATH	MONTH 6	1987	26. HOUR	D.
	3. SE					5. DATE C		6	AGE (IN YEARS LAST E		IF UNDER I YE	AR IF UNDER 24 H	RS
		MALE		BLACK		1 MONTH	19° 1892		95	YR	MONTHS DAT	is HOURS M	IN.
4	1 10	CUNITARI	OREIGN 7	LI S A	WHAT COUNTRY?		NEVER MARRIED	X	WASHING?	OR COUN			
1	10 CI	TY OR TOWN OF DEA	TH 1	1. NAME OF H	H FACILITY, GIVE STREET	G HOME O	R OTHER INSTITUTION	12	USUAL OCCUPA TYPE OF WORK FOR MOST OUPERVISOR	TION OF WORKIN	GUIFE) TOUST	OF BUSINESS	OR
1	USUA	AL RESIDENCE (IF NURSI				ADMISSION)	134. INSIDE CITY LIMITS	-	STREET ADDRESS			9990 20011	1
1		GEORGE		LLEN	GAINES		ROSA ROSA	NAME	JOHNSTO		HENSH	LAST AW	
3					341-10-46	628	RUTH WALKER	R 11	.10 OUTER		HAGERST	OWN, ND	
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	BY.	Cardi	dicut	arrest				BETWE	OXIMATE INTERVAL EN ONSET AND DEA!	ĭн
	NO	gave rise to imm cause (0), stotin underlying cause	nediate ig the last	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO C	NCE OF			distase or co	ρεα	se	110	
1	TIFICATION	190 DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?	20b IF	YES, WERE FINI RTIFYING CAUS YES	DINGS USED SES OF DEATH?	
1		OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	CURRED		JURY IN ITEM			
	MEDI	WHILE NOT WH	IILE 🗍		OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC	21f. LOCATION STREET		CITY OF	lown	COUNTY	STATE	
		saw the decease	ed olive on_		19	, on	d that in (my) (aur) opini		oth accurred on the	date and l	, 19 have and from t	, that (I) (we) I he causes stated	las
1				2	PG ~	W	THISICIAN	ig in Di	MEDICAL ST. DIRECTOR PHYS	AFF ICIAN []		TE SIGNED	
		Abdul (wah	1 1	m.o.	8.8	270 ADDRESS 160	9er	stown	MO	2174	(0	
7	(BURIAL	REMOVAL		7 Ros		EMETERY OR CREMATOR	ΣŔΥ	HAGERSTO	WN	WASH.	MD. STATE	
	-	NAME AA	NNICH	HAGER 305 N	STOWN, MA	ARYLAN STRE		DATE R	EC'D. BY REGISTRA		Distrar's SIGN		

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

			FIRST	MIDDLE	į.	AST	2a. DATI	OF DEATH MONTH	DAY YEAR	2b HOUR	
ı	(TYPE (Ch:	auncey	Wills	GE	SS	618	Augu	ıst18 198	5:0	0a _M
3	. SEX		4 RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	a HRS
		Male	Whi	te	Feb.	11 1902		85 YF	MONTHS DATS	HOURS	MIN.
-7		THPLACE (STATE OR FOR		OF WHAT COUNTR	Y? 8	D NEVER MARRIED	- 9 BALTI	MORE CITY OR COU	NTY OF DEATH		
7		lest Virgin	ia/ US	SA		DIXX DIVORCED		Washington	n County,		MD.
1)	0 CIT	Y OR TOWN OF DEAT		OF HOSPITAL, NUR		ROTHER INSTITUTION	12a USU	IAL OCCUPATION WORK FOR MOST OF WORKIN		OF BUSINES	SOR
1		lliamsport	Home	ewood Reti	rement	Center		chardist .		cultu:	re
7	30 S	L RESIDENCE (IF NURSING	HOME OR OTHER INSTITU	136. CITY OR TO		13d INSIDE CITY LIMIT	S? 13e STRE	ET ADDRESS / ZIP C	ODE O	999	0
4		st Virgini		y Martins	burg	YESXX NO		S. Raleigh	n Street	614	
A.	4 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE	(A)	51	
		John	W.	Gess		Alma		Loy	Mill	er	
갼		AS DECEASED EVER IN	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE	5)		17. INFORMANT		ADDRESS P. O. Bo	ov 2026		
L		No	·	234-01-	6201	Wallace L	. Gess	Martins		25401	
		18 CAUSE OF DEATH PART I, DEATH WAS	Enter anly ane cause	per line for (a), (b)	and (c).)	6 6	/		BETWEEN	ONSET AND DE	EATH
1	. 1		AMEDIATE CAUSE 10)K	25018G	Coly Fact	46			1 700	
ı		Conditions, if any which									
1		Canditions, if ony, a			12/21	Car ci	none				
1		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
1		(c)									
1	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
+	ATIC	190 DATE OF OPERATION	ON 19b CC	NDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a A	UTOPSY? 20b IF	F YES, WERE FINDI	NGS USED	
4	CERTIFICATION						YEST		RTIFYING CAUSES	OF DEATH	?
1	E 1	21g. ACCIDENT WAS UNDER		AE OF INJURY		21c HOW INJURY OC		ER NATURE OF INJURY IN ITEM			
		OR CONTRIBUTING CA	OSE OF DEATH	P.M. MONTH	DAY YEAR						
1	MEDICAL	214 INJURY OCCURRE	D 21e. PLA	ACE OF INJURY		21f LOCATION		CITY OR TOWN	COUNTY	STA	A I I
1	Σ	WHILE NOT WHILE	(AT HOM	E. STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CITY OR TOWN	COOM	314	
1		22a I certify that (I) (f	his haspital) attende	d the deceased fran	n	13/	17 , ta_	8/18	19 87	that (1) (we	e) lost
1		sow the deceased		2/14 19 och cotter death.	\$7,01	nd that is (my) (aur) api	inian death acc	urred on the date and	have and from the	causes state	ed
1		17k SIGNATURE	201411	SOCKETHIN SECTION	,	DEGREE	/		22c DATE	SIGNED	
1	14	all	ellet.	10>	/	ATTENDIN PHYSICIA	NG MEDICAN DIRECT	AL STAFF	81	1818	>
1		22d, PHYSICIAN'S NAM	LE -(TYPE OR PRINT)	1/ 2	4.	22e ADDRESS	()	10 11	//	1	
1		141/4	16102	4011		161004	1/1/11	Letaso.	Hain	mo.	2016
2		URIAL, CREMATION, RE	MOVAL 236 DATE	23	NAME OF C	EMETERY OR CREMATO	ORY 23d L	OCATION CITY OF TOWN	COUNTY	STA	ATI
		Burial	1 8/2	1/87	Fairvi	ew Cemetery		Donad.	and ale Co	17	
2	1	PERAL DIECTORM	Devar !		327	250	UG 24	BY REGISTRAR 265 RE	GISTBAR'S SIGNAL	URE	
	E	rown Funer		Martinst	ourg, W	V	100 4 7	1901	Daniel M. V.		

DHMH - 16 60M 7/84 (VRA 15, 4)

Should be detached for an with the Stote Dept. of the

CHILDREN INCHES

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 4 5 3 0

315	2 0	HEGISTRAR		CERTI	ICAIL OF DEATH	REG. NO				
4		EASED NAME FIRST		MIDDLE	LAST	TO DAIL OF DEATH	DAY YEAR 26 HOUR			
- 1	Tions:	Rick	4	RANKLIN G	rass	81	1) 87 8:35 Am			
ŀ	1. 5EX	11.0	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
- 1		MaLE		MON'	H DAY YEAR		MONTHS DAYS HOURS MIN.			
. 1	To Die	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	-1 30	9 BALTIMORE CITY OR COUNTY	COEDEATH			
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	MARRI	ED NEVER MARRIED	S BALLIMORE CITY OR COUNTY	Orbeath			
1	M		USA	WIDOW		WASHINGTON	MD			
0	10 CI1	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOME HEACILITY, GIVE STREET ADDRESS]	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR INDUSTRY			
	H	AGERSTOWN		GTON COUNTY H	OSPITAL	ATTENDANT	GARAGE			
4				GIVE RESIDENCE BEFORE ADMISSION	A 131 IN ISIDE CITY I WATES	136 STREET ADDRESS / ZIP CODE				
6	MI MI		EDERICK	THURMONT	134 INSIDE CITY LIMITS?	216 W. MAIN ST.				
-	- 77	THER'S NAME	DDERTOR	Incluioni	15 MOTHER'S MAIDEN NA		, 21700			
1		FIRST	MIDDLE	CT A C C	FIRST TE A N	MIDDLE	LAST TO A TO TO			
ч	-	ALMER	E.	GLASS	EARLEAN 17 INFORMANT	VIRGINIA	DAVIS			
2	J. IV	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) [IF YES	S GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESSThur				
4	N	0 N/	<u>A</u>	216-54-8268	SYLVIA WEAN	I 16 Water St.,				
		18 CAUSE OF DEATH (Ente	er anly ane cause per	line for /a), (b), and ic' (11		BETWEEN ONSET AND DEATH			
1		PART I. DEATH WAS CA	USED BY DIATE CAUSE (a)	HYPER K	ALESTIA					
1		WANAIC				- 1 y - 1 1				
		C 191 11		R AS A CONSEQUENCE OF	STILLER REW	AL DISEASE				
		Canditians, if any, which gave rise to immediate		12 7013	414012 1-10 W	40.000				
_		cause (a), stating the underlying cause last		RAS A CONSEQUENCE OF	10040 0	0211				
			(c)	DIABRIC						
	-	A A	- 1	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIV	VEN IN PART Ira			
	ō.	141 PENTRUS								
Ž.	90 DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATE	ON WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?				
	臣						ES NO			
0	E	210. ACCIDENT WAS UNDERLYING	110110 4			RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 21			
,	¥	OR CONTRIBUTING CAUSE O	PEATH	M. MONTH DAY YEAR M. 19	`					
	DIC	21d INJURY OCCURRED		OF INJURY	211 LOCATION					
	¥		(AT HOME ST	REET FACTORY OFFICE FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE			
		AT WORK AT WORK			12.77 86	9.10	10 87 that the (we) last			
		220.1 certify that (I) (this h	2	10 20	141-41-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	, to	. mar (ii (we) tasi			
		saw the deceased alive above, (1) (we) (did) (di	d nat view the bady			death accurred on the date and ha				
		226. SIGNATURE	1	(DEGREE	/	221 DATE SIGNED			
		4	NO 16		no ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8 (0.0)			
,		224 PHYSICIAN'S NAME (T	TYPE OR PRINT)		22e ADDRESS					
		01101	KO 24		100 LONG 115	FADOW DALLE	HAG. 110.			
	23o B	BURIAL, CREMATION, REMO	VAL 23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION				
	(URIAL	8/12/	87 Klue R	idge Cemetery	Thurmont Fre	ederick MD			
		UNERAL DIRECTOR G. D				ATE REC'D. BY REGISTRAR 256 REGIS				
					Att	G 1 1 1987 Aug 1	P 1			
	1	ozi upossumto	wn Pike,	Frederick, MD	21/01	- 1 130/ Miles	land of			

DHMH - 16 60M 7/84 (VRA 15, 4)

AUL 1 1 BEV ALL VIEW

STATE	OF N	ARYL	AND

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	STATE REGISTRAR			OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	REG. NO.	3 3		
	CEASED NAME FIRST	MID	DLE	LAST	M DATE OF BEATT	DAY YEAR 26 HOUR		
87	PRINT) Walte			6-veen	8-2	6.27		
3. SEX		4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MI		
M	ale	White		igust 29, 1897	09 YRS			
CC	RTHPLACE (STATE OR FOREIGN OUNTRY)	Th CITIZEN OF WH	A MA	RRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY Washington	Y OF DEATH		
_	yersville, Md.		[1110	ME OR OTHER INSTITUTION	12e USUAL OCCUPATION	126 KIND OF BUSINESS		
	agerstown		acility, give street address gton County		(TYPE OF WORK FOR MOST OF WORKING LI	IND Farming		
13a S1			VE RESIDENCE BEFORE ADMISS RECITY OR LOWN FALTPLAY	13d INSIDE CITY LIMITS? YES NO	13 - STREE ADDRESS BOX CON	21733		
	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	Greën		
16n 10/	AS DECEASED EVER IN U.S. AR		220-34-076		S. Green, Fairpla	ay, Md. 21733		
	18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate	3 mbs						
	Couse (a), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF COUNTY COU							
NO	PART 2 OTHER SIGNIFICANT	ruseinal	ITRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	1. 1 1-	LEGAS.		
CERTIFICATION	19a DATE OF OPERATION		ON FOR WHICH OPER	ATION WAS PERFORMED	206 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			EAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18			
MEDICAL	21d. INJURY OCCURRED WHILE OF NOT WHILE OF NOT WHILE OF NORK	218 PLACE OF	INJURY FACTORY, OFFICE FARM, ET	C) 211. LOCATION STREET	CITY OF TOWN	COUNTY STAT		
	22e.1 certify that (1) (this hospital) attended the deceased from							
	22b. SIGNATURE			DEGREE	MEDICAL STAFF	224 DATE SIGNED		
	22d PHYSICIAN'S NAME (TYPE	hurs Mu	way My	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/28/87		

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Tilghmanton, Wash. Co., Md.

John H. Bast, Jr. Boonsboro Md. 21713 SEPO 2 1987

23 PAT 15 TANK 12 PAT 12 PAT 15 PAT 1 in the first time of the state of polaritic forms for forms parallel materials and materials CONTROL Of the A control of the cont

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AND AND AND ADDRESS OF THE STATE OF THE STAT

John H. Syste, Vi. . consecuto, Nr. 2009 SEPO2 1987

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

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	2	4	3	3	e.
RI	EG. NO.	- 4			7

064	612	SEP -	3 8	EOR STATE REGISTRAR			DEP		EALTH AND MENTAL HY	GJENE REG. N	4	5 3	2
	* 24	,		CEASED NAME OR PRINT) Alber	FIRST	Mus	selman		AST DOC	20 DATE OF DEATH		AY YEAR	26 HOUR
	dec dec	61	3. SE			RACE	М.	5. DATE (OSS NE BIRTH	8-27		F UNDER I YEAR	12:45pm
	4 25	2	3. 367	Male		White		MONTI	DAY YEAR		(INDAT)	ONTHS DATS	HOURS MIN
	Photo S	6 -	7a. BI	RTHPLACE (STATE OR FOR	EIGN 7h	CITIZEN OF		TRY? 8	-10-32	54 9 BALTIMORE CITY (YRS COUNTY (DEDEATH	
	# lot	84	. 0	aryland		USA		MARRIE	D NEVER MARRIED			OI DEATH	
	1 200	-		TY OR TOWN OF DEATH	1 11		OSPITAL NU	JRSING HOME O	D DIVORCED DIVORCED] Washingto		126 KIND O	MD. OF BUSINESS OR
102	the the	1	На	ngerstown, M	AD I	Western	HEACILITY, GIVE S	and Hos	pital Center	(TYPE OF WORK FOR MOST		Nola	ind Co.
BALTIMORE, MARYLAND 2120	1	35	13a. S	AL RESIDENCE (IF NURSING TATE 13 aryland	L COUNT		136 CITY OR Hagers	TOWN	130. INSIDE CITY LIMITS?	13e STREET ADDRESS Route 3	ZIP CODE, Box 1	L44M	21740
MARYL	mpleasty	1/5	14. F.A	THER'S NAME FIRST Gerald	Wint	on Le	on Gi	ross	15. MOTHER'S MAIDEN N Mildred	IAME		145	sselman
RE, /	5 TEAN	8 /		AS DECEASED EVER IN	U.S. ARME	ED FORCES?		SECURITY NO.	17. INFORMANT	ADDR	ESS		
WO	9 9 9//	E		ES NO OR UNKNOWN)	IF YES, GIVE V	VAR OR DATES)	220 26	6 5318	Earl Gross,	Hagerstown	, Md.		
ALT	sicion pers	- Te		18 CAUSE OF DEATH I	Enter anly	ane cause per	line far (a), (b), and (c).)				APPROXI	MATE INTERVAL
	phy n po mov	vent		PART I. DEATH WAS	CAUSED	BY: CAUSE (a)	Pleur	al effu	sion				
N S	ding orbo	a motice					AS A CONS	EQUENCE OF					
ESTC	deat	m o		Canditians, if any, w		(b)		iple my	eloma			Dec.	. 1986
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	the of the cremot	other tr		gave rise to immed cause (a), stating underlying cause	diate the last.	DUE TO, OF	R AS A CONS	EQUENCE OF					
10	s that ed by olease rial, cr	0 0				(c)						1	
08,3	sign sign o bu	Juny.	Z	PART 2 OTHER SIGNIF					NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVE	N IN PART 11	3
000	reen ior t	<u>></u>	ATIC	190 DATE OF OPERATIO				hemodi	N WAS PERFORMED	20a AUTOPSY?	120h IE VES	WERE FINDIN	ICS LISED
RE	n. nos b	2	CERTIFICATION	THE DATE OF CLEANING		170 COM	11011101111	HELL OF EKATIO	N NO TENIORNED		IN CERTIFY	ING CAUSES	OF DEATH?
ITAL	N: The	5	ERT	210. ACCIDENT WAS UNDER	LYING []	21b. TIME O	FINIURY		714 HOW IN JURY OCCI	PRED (ENTER NATURE OF INJ.	YES YES		NO 🗌
> 7	physical physical physical physical physical physical physical	7		OR CONTRIBUTING CAU	ISE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	The Hotel Wildow Occo	TENTER NATURE OF INJU	MI HALLEW ID PAP	AT (OR PART 2)	
N	YSICIA ding ph s certifi s certifi Surial-tr Mental	or he	MEDICAL	(IF EITHER NOTIFY MEDICAL		21e PLACE O		19	211 LOCATION				
IVISIO		orkedo	ME	WHILE NOT WHILE AT WORK		(AT HOME STR	EET, FACTORY, OF		STREET	CITY OR TO)WN	COUNTY	.STATE
	R. A.	E		22a.1 certify that 20 (th	nis haspital) attended the	deceased fro	om Augus	t 14th 19 8	/August	27th, 1	9 87 .	that XII (we) last
	Spirto CTO CTO I for	121		saw the deceased abave, (I) (XX/did	alive an A	view the body	2.7t.h after death.	19 <u>87</u> , ar	id that in (my) (XXX opinia	n death accurred an the d	ate and haur	and from the	causes stated
	OR OR DIRE	te de		226. SIGNATURE),	MAL TO		1	DEGREE			22c DATE	SIGNED
	7 4 7 9	=		-1111-6	Toul	Mell	1	4771	ATTENDING PHYSICIAN	MEDICAL STA	CIAN []	0/2/1	10)
	HOSPITAL ned by fi FUNERAL uld be det ifhe State	Z A		22d. PHYSICIAN'S NAM					22e ADDRESS 1500	Pennsylvani	a Aveni	ue	
	4000	od		Fe U. Por	ciun	cula, M	I.D.	777	Hager		21740		
	Of Off	< 1		URIAL, CREMATION, RES	MOVAL	236 DATE		23c NAME OF C	EMETERY OR CREMATORY			c Ountr	
	BP			urial		Aug.31			ven Cemetery				
	DHMH - 16 60M	7/84	24 FL	INERAL DIRECTOR M	IINNIC	CH FUNE	RAL HO	ME	25a. D.	PO 2 1087	Sh RECHTR	A S SIG	HAR.
	(VRA 15, 4)		4	15 E. Wilso	n Bly	d., Ha	gersto	wn, Md.	21740 SE	POZ 1987. A	Was very	14000	1

063501 AUG	FOR STATE 2 REPT RAR WILLIA	M (NMN) HAAK	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG NO	4533
y be deoth	DECEASED NAME FIRST	NMN	HAAK.	August	- 16 1987 9:10AM
of refine	Male	White N	arch 1, 1895	6. AGE (INY ARS LAST BIRTHDA	WONTHS DAYS HOURS MIN.
4 700 12/5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	
100	Oklahoma CITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSING JIF NOT IN SUCH FACILITY, GIVE STREET AE		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR DRKING LIFE) INDUSTRY
		OTHER INSTITUTION GIVE RESIDENCE SEFORE A		(TYPE OF WORK FOR WOST OF WO	
fille hould		ingtonHagersto	WN YES K NO	837 Mulber	ry Avenue 21740
3 9 7	FATHER'S NAME FIRST Karl	Haak	15. MOTHER'S MAIDEN N	WIDDLE	Hermann
- 0	WAS DECEASED EVER IN U.S. AR	WAR OR DATES)		ADDRESS 837 Mu	lberry Avenue
that the death certificate by do by the ottending physicialease remove carbon papers: iol, cremotion, or removal or other traumotic event, the	PART I. DE ATH WAS CAUSEI	y one cause per line for (a), (b), and BY. E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	moniar ICE OF Hic Carc	inome	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
n pont		ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART Tra
v: The low requirysicton. ysicton. cote hos been significant the Hygiene prior to 18 shows ony injury	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? 20 IN	NO IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
4YSICIAN: The ding physicions is certificate buriol-tronsit Mental Hygie	OR CONTRIBUTING TO CAUSE OF DEA		YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18. PART 1 OR PART 2)
DING PHYSICIA or offending p After this certifice os the burioli- oith and Mentol marked or trem	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN Putol TTOR for us of He	270 I certify that (I) (No heaper sow the deceased alive on above, (I) (we) (did) (did not	of) ottended the deceased from F. Augus 7 1319 19	A	7 , to design st.	ond hour and from the causes stated
the he hocher tocher the best tocher the best th	226 SIGNATURE	owe MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
HOSPITAL ouned by FUNERAL ould be de de inh the Stott	J. E. HO		27e ADDRESS Williams	port, Maryl	and

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

23b. DATE 23a BURIAL, CREMATION, REMOVAL Burial 8-18-87 24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

Williamsport, Maryland

234 LOCATION COUNTY Hagerstown , Washington , Md. Rest Haven Cemetery

250 PATE SET D. 1887 ISTRAR 256 REGULAR STREET ATURE

A.K. Coffman Funeral Home, Inc.

S. K. Josef an Eurarul Inc.

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by the funeral director, page 3 filed with 71 fulls ofter death

FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2	13	5	3	Com
6-10	-	2	O	-1

ı	L REOISTRAR				REG. N	0			
I	1 DECEASED NAME FIRST	N	AIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	R
ļ	(TYPE OR PRINT) MASE		WFrances A	ADDOCK	Aug	IST 7	1987	305	PM
ı	3 SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 2	
	Female	White		nary 1,1899	88	YRS	VIHS DATS	HOURS	MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY		DEATH		
7	Pennsylvania	USA	WIDOW	ED X DIVORCED	WASHINGT				MD.
1	WILLIAMSPORT	WILLIAMS	1 -1 -1	HOME	176 USUAL OCCUPATION OF COMMONTO CLerk		126 KIND OF BUSINESS OR INDUSTRY Dept.Store		
			GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Hagerstown	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 604 Sunset	Ave.	21	740	
A		MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	WIDDLE	I HA	ŁAS		
4		rion	Wright	Jessie	Frances		Patte	rson	
	(YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE				
	no		217-30-6518	James W. Hann	ock (Item 1	.3 above	:)		
	18 CAUSE OF DEATH :Enter on PART I. DEATH WAS CAUSE		SEPSIS				BETWEEN	MATE INTERV	HIAZ
	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	(c) <u>·</u> CONDITIONS <u>CO</u>	AS A CONSEQUENCE OF		700 AUTOPSY?	DITION GIVEN 20b. IF YES, WIN CERTIFY IN YES F	ERE FINDIN	IGS USED	H?
1	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY A. MONTH DAY YEAR	ED (ENTER NATURE OF INJUI	_				
	OR CONTRIBUTING CAUSE OF DEA								
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE C	OF INJURY EET, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY STATE		ATE
١	22a. I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no	8	17 19 87 0	nd that in (my) (our) opinion d	, to	te and hour or		that (1) (we	
-	276. SIGNATUR	R PRINT)	MD	ATTENDING PHYSICIAN X	MEDICAL STATE	IAN 🗌	22c. DATE	SIGNED	
I	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Aug. 8, 1		EMETERY OR CREMATORY am National Cer	23d LOCATION	a Wachs	DUNTY	Mapil	T A NIF
ŀ	24 FUNERAL DIRECTOR	1149.0,1	Ancieca					Mari	LAINL
		Williams	sport,MD 21795	250 DATE	REC'D, BY REGISTRAIN	The Days	10	MADE	
1	THE THE PARTIE	11 TTTTTUILS	SPOTC'LID STIAL	IAUU	PART.	the Lates Section \$1			

BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 above any injury, or other traumatic event, the

				16 6
	A WALK IS			
March Street				
		Carl Carl		20
		CIN	EXPORE	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate retained by the hospital or attending physician.

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uneral director page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSJENE

1 - STA		DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE / 2 4 5 3 5				
DECEAS	SED NAME FIRST	MIDDLE	. 1	AST	REG. NO.	DAY YEAR 26 HOUR	
(TYPE'OR PR	James	5 T.	Hai	rey III	8 1	387 32/	
3_SEX		RACE	5. DATE C	OF BIRTH	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 2	
	M	(1	нтиом	OS 43	44 YRS	MONTHS. DAYS HOURS	
70 BIRTHE	PLACE (STATE OR FOREIGN	6 CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
MARYLAND U		U.S.A.	U.S.A. MARRIED WIDOWED		WASHINGTON COUNT	ΓY	
10 CITY O	R TOWN OF DEATH	1). NAME OF HOSPITAL, N	URSING HOME C		120 USUAL OCCUPATION	126 KIND OF BUSINES	
HAG	ERSTOWN	WAS HINGT		HUSPITAL	SERVICE TEHC.	ONT. WARDS	
UAL RE	SIDENCE HE NURSING HOME OR O	OTHER INSTITUTION GIVE RESIDENCE TY 13c CITY OF		13d INSIDE CITY LIMITS?	13 STREET ADDRESS ZIP CODE		
E.B.		1 11	STOWN	YES NO X	2304 GAY STREET	2/140	
14 FATHE	R'S NAME FIRST A	AIDDLE LAS	S.I.	15 MOTHER'S MAIDEN NA	ME MIDDIE	IAST	
()JAN	T	. HANY	'E 11	Ruth	E. HEDI	DERMAN	
	DECEASED EVER IN U.S. ARA	11110 OD OL11551	SECURITY NO.	17 INFORMANT	ADDRESS		
(163,14	No	213=42	2=1789	LINDA L. HA	ANEY SAME AS 13		
	CAUSE OF DEATH (Enter on)		bi, and ici.i	120	1	APPROXIMATE INTERV BETWEEN ONSET AND D	
	PART I. DEATH WAS CAUSED IMMEDIATE	ECAUSE (0) Acut	e Myoca	udial Intar	ctin	1 lu	
		DUE TO, OR AS A CONS	SEQUENCE OF				
Co	onditions, if any, which	1 Seven		mic Heart D	usease	H-37	
go	ove rise to immediate)					
	use (a), stating the derlying couse last	DUE TO, OR AS A CON	/:	hi Vascula	a Dirace.		
		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0					
	Dist.	tes Molli	Lic 1	T.	MINE DISEASE OR COMPILION OIL	ETTISTENT TO	
CERTIFICATION 160	DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		N'WAS PERFORMED		, WERE FINDINGS USED	
LIFIC					YES NOTE IN CERTIF	YING CAUSES OF DEATH	
210	ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.		
	CONTRIBUTING CAUSE OF DEA		H DAY YEAR				
×	FEITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION		course.	
¥ w	HILE NOT WHILE	(AT HOME STREET FACTORY C	OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STA	
		all attended the darrage to	1/5	10 8	3 10 8/13	10 8 7 shows to	
220	I certify that (I) (this harpin saw the deceased alive on	3 deceosed	0.2/	d that in (my) (evel opinion	death occurred on the date and hour	and from the couses stat	
2.01	obove, (I) (and) (did not	view the body after death.		DEGREE	The sole one floor	22r. DATE SIGNED	
176	SIGNATURE	1/		ATTENDING)	MEDICAL STAFF	E Just	
	may E	uney b.	PHYSICIAN DIRECTOR PHYSICIAN			19/1/8	
	PHYSICIAN'S NAME ITYPE OF			1708 0-411110 21746			
	Mary E. Moi	ney in.	100	1100 Cat H	till Hve, Hag	erstown, 1.	
23a BURI	AL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREMATORY	23d LOCATION	COUNTY A.A. STA	
(SPEC	BURIAL	8-17-87	KEST HAV	EN CEMETERY	HAGERSTOWN WAS		
_	RAL DIRECTOR	305 N	Ротомас	ST/ 250. DA	TE REC'D. BY REGISTRAR 256 REGIST		
GERAL	D N. MINNICH	HAGERSTOWN	MARYLANI	AUG	24 1987 Julia Da	ridor . Randall	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 4 5 5 0

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A 4 4 5 F				ROE	BERT	WARR		HARI	NESS	DEATH MATE	D □8-16		
55.55		SEX		4. RACE	5. DATE OF BIRT	YEAR	& AGE (IN YEAR LAST BIRTHDAY	MONTHS DAYS		S 70 DATE PRONOUNCED	MONTH	DAY YEAR	2d HOL
N OUR ON OUR ON OUR OWN	-		ile	White		, 1963	23 YRS			DEAD		-87 19	1:20
FER SEA	CA	10	HPLACE (ST		76 CITIZEN OF		ITRY?	MARRIED -	NEVER MARRIED	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
· · · · · · · · · · · · · · · · · · ·	19	10 (11	Indi		U.S.			OR OTHER INSTI	DIVORCED L	Washing			N
SEAR SEA	00	10. C11	TOK TOWAR	DEDEATH	(IF NOT IN SUCH	EACILITY, GIVE S	TREET ADDRESS)		F-1	OSUAL OCCUPATION OR MOST OF WORKING LIFE		OR INDUST	TRY
BON SE	3	USUA	L RESIDENCE	IF IN NURSING HOME	Md. Rt.	60 1.	5 S. Of	Penn. S	State Line	studen	L	Colle	ge
NANY NANY NOUTH		3a.51		136 COU	ranklin	13c CITY	ORTOWN	13d: INSIC		TREET ADDRESS	- T	1998	144
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A HEROTE	D	F-111	lerome		MIDDLE K		rness	13	Martha	MIDDLE		Cline	
MON MON	2	160. W	AS DECEASED	EVER IN U.S. A			IAL SECURITY	NO. 17 INFO	DRMANT	ADD	RESS C	Cline reencas	
ALTINE SHIPE	2	{AE	S, NO, OR UNKNO	WN) (# YES, GIV	E WAR OR DATES)	178	-50-704	8 Jer	ome K. Ha	rness 237	2 Buchai	nan Tra	il É.
E SWIT			18 CAUSE OF	DEATH (Enter a	nly ane cause per li	ne far (a), (b), and (c).)					APPROXIMAT BETWEEN ONS	TE INTERVAL
NA THO	7	-	4/h	ATH WAS CAUSI	ATE CAUSE (a)	Multip	le inju	ries	17533				
IN 2 IN II ALC HYG	0		015			OR AS A CON	ISEQUENCE O	F					
MAN PAR	E S		gave ris	s, if any, which e to immediat	e (b)				22/20/20				
1 123	0	П	lying cau	stating the <u>under</u> se last.	DUE TO, C	OR AS A CON	ISEQUENCE OF	F				100	
X (5 6 6 7 7	ě l				(c)								
VITAL RECOIDS SHOULD BEYER OND "PEND OF "PEND OF " SE CHIEF MID SE CHEF MID TO HEAD	N S	z	PART 7 OTHER SIG	MIFICANI CONDITION	S CONTRIBUTING 10 DEA	IN BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN PART T (a)				
REC PEN PEN PEN PEN PEN PEN PEN PEN PEN PEN	5°,+	PICATION	19a. DATE OF	OPERATION	III CON	DITION FOR	WHICH OPERA	TION WAS PERF	ORMED?			70 AUTOPSY	v?
TAL PURE HEAD	5ĕ/	FIC										YES X	NO 🗆
		CERT		L CAUSE WAS		OF INJURY		71c. HOW INJU	RY OCCURRED (ENT	ER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR		NO [
INFICATE WE TO THE WALLE WALLAND	L L		UNDERLYING	OR OF CAUSE OF		.м. монтн 5-АМ 8-	16-87	Drive	r of an au	ito/auto h	no-bear	collici	on
2 X Z O Z O	10	MEDICAL	21d INTURY O	CCURRED	21e PLAC	E OF INJURY	(AT HOME,	211 LOCATION			cau on	COLLISI	
DIN HIS C WRIT ARDI ARDI ARDI ARDI ARDI ARDI ARDI ARDI	220	2	AT WORK	NOT WHILE AT WORK	307	ACTORY, EARM, E	(C.)	Mari R	State lin	s. CITY OF WA	shingto	n Co. N	STATE
R: TH VIE, VIE, PRW. R: P/	2				rge of the remains o	lescribed abo	ve held on	Autopsy X.	Inspection	Inquiry .	and in my ap		
NO TO THE	3//		death resulte		ural causes	Accident	PX Sure			determined manner			
ERTIE B	ARY		Levery 5	Min	17	(10)	T h	1 1/	(SPECIFY)				
A SOUTH	, W		SIGNATURE_	1.00	000	4000	41		sistant M	EDICAL EXAMINER	DATE	B-16	-87
DIC NER DEA	MORE	-	EXAMINER'S	JAAAE 1	Arrio F	Collo	7						10.00
₹ OH E E	7		(TYPE OR PRIN		Mario F.			ADDRES	2	Penn Stre	et		
(Indiana)	A	151	PEC IEV1	ION, REMOVAL				ETERY OR CREMA	ATORY 73d	LOCATION ITY OR TOWN	COUN	UTY 5	STATE
1 /25 MA / BP.	_		Burial	TOP	8-19-198	3/ [Jnion Co	emetery	126a DATE BEGIN		Iton Co.		
DHMH - I	7	il	AME + -	7	ADDRE	55	WIT I	40 0	1 1116 9 4	BY REGISTRAR 256,	WALL CON		
(VR A15 ME	(5))	IT V	Jacken	Lymne	man Din	(512	encasi	the Pa		()			

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	* REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10	
(TYP	CEASED NAME VILLAS		HE	LM	20 DATE OF DEATH	B-27-87	26 HOUR 555 M
3. SE	FEMALE	WHITE	5. DATE C	8° 1908	6. AGE (IN YEARS LAST BIT	MONTHS DA	
70 B		76 CITIZEN OF WHAT COU		8 1908	80 78	OR COUNTY OF DEATH	
	MARYLAND	II.S.A.	MARRIEI	D NEVER MARRIED DIVORCED	WASHINGTON	_	MD.
10 C		11. NAME OF HOSPITAL, N	NURSING HOME C		12a USUAL OCCUPAT	TION 126 KIN	D OF BUSINESS OR
	HAGERSTOWN	11		SPITAL	SECRETARY	OF WORKING (IFE) INDUST	
130	AL RESIDENCE (IF NURSING HOME OR (STATE 13) COUN ARYLAND WASHI	TY 134 CITY O		13d INSIDE CITY LIMITS?	134 STREET ADDRESS ROUTE I	/ ZIP CODE 2/	740
14_F		RIDAN MC CLA	AIN	ELLA ERST	STAHL	Lushbau	
	WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN) (IF YES, GIVE NO		19-8302	JEANETTE V.		RSTOWN, MAR 2 REYNOLDS	YLAND AVENUE
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION 19b. CONDITION FOR V	ISEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		H DAY YEAR	21c HOW INJURY OCCURR			
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY,	OFFICE, FARM, ETC }	STREET	CITY OR TO	OWN COUNTY	STATE
	270. I certify it at (I) (this haspit sow) the dileased alive lon-above, (I) (ii) et al. (did) (did not 27b. SIGNATUR). 27d. PHYSICIAN'S NAME (TYPE OF	Us EL	_19, ar	DEGREE ATTENDING PHYSICIAN D	, to death accurred on the death accurred on the death accurred on the death accurred on the death accurred to	date and hour and fram	that (f) (we) lost the couses stated ATE SIGNED
230	BURIAL, CREMATION, REMOVAL	23b. DATE 8-31-87		EMETERY OR CREMATORY AVEN CEMETERY	123d LOCATION HAGERSTO	OWN WASH.	MD. STATE
10.0	UNERAL DIRECTOR		OMAC STRE			R 256 REGISTRAR'S SIGI	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and cashshould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the 101.11

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SEP 4

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or ottending physicion.

STATE OF MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH

24 5 3 8

1	. LEGOIMANN											
	DECEASED NAME	FIR51		MIDDLE		LAST	2	DAJE OF DEATH	HINOM	DAY	YEAR	26 HOUR
	YPE.OF PRINT	D	iana	Lynn	Helse	170	(8/24/8	7) 8	26	87	27
2 9	SEX		RACE"	21,7 1111		OF BIRTH	6	AGE (IN YEARS LAS	I SHTHDAY)		ER I YEAR	IF UNDER 2
			111		MOM	H DAY Y	YEAR			MONTHS	DAYS	HOURS
	FEMALE	/	Wn	lite	8	26 8	87	newl			vas!	
14	BIRTHPLACE (STATE OR	FOREIGN 76	CITIZENOF	WHAT COUNTE	RY? 8	D NEVER MARRI	IED 19	BALTIMORE CIT	Y OR COU	NTY OF DI	EATH	1
3	Md.		U.	S. A	WIDOWI			WAS	hine	2 10	n (0.
10	CITY OR TOWN OF DEA	ATH 11	. NAME OF	HOSPITAL, NUR		OR OTHER INSTITUTE	ION 12	20 USUAL OCCUP		12b	KINDOF	BUSINES
7 4	troopert	2 . 0 1	(IF NOT IN SUC	CH FACILITY, GIVE STE	REET ADDRESS)		(TYPE OF WORK FOR MO	ST OF WORKIN	IG LIFE) IN	DUSTRY	1/1
11/1	Agerston			INGT	ON			1/1				/ "
	O STATE	131 COUNTY		136 CITY OR TO		113d. INSIDE CITY LI	MITS?	e STREET ADDRE	SS / ZIP CO	ODE ~	217	7//
M	íD .	Wash.	•	Big P	ool	YES NO		Rt. 1 Box			P60	1. 1
14.	FATHER'S NAME				,	15 MOTHER'S MAIL	IDEN NAME					
)	FIRST	MIDI	DIE	I LAST	Iser	Linda		Sommer	E *7 1 7 7 6		LAST	
/	Joseph	7		1101	, .,							
1 100	WAS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL SE	ECURITY NO	17 INFORMANT			DREST.		x 46	
13						Mr.&Mrs	.Joe	Helser	Big	Poo.	L, M	D.
	18 CAUSE OF DEAT	H (Enter only (one couse per	r line for (a) (b)	andicu				1		APPROXIM	AATE INTERV
	PART I. DE ATH W	AS CAUSED B	Y:	A 6 0 000	aper and	4 (19u		- 117	4)			rice
		IMMEDIATE C	AUSE (a)	prema	rence	1100	KA)	gue	/		70 /	mercy
	Conditions, if any gove rise to immediate (a), stofin underlying cause	mediate ng the last	(c)_	OR AS A CONSE		I NOT RELATED TO T	HE TERMIN	AL DISEASE OR C	ONDITION	GIVEN IN	PARI IIo	
ATION	gove rise to imicause (a), stating underlying cause PART 2 OTHER SIGI	mediote ng the last	DUE TO, O	ONTRIBUTING 1	TO DEATH BUT	T NOT RELATED TO TI		AL DISEASE OR C	20b IF	YES, WER	E FINDING	GS USED
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ge 4 mo	3. SE:	Male	White	5.	DATE O		09	AGE (IN YEARS LAST BIR	THDAY) IF U		UNDER 24 HRS
death. Po	1	COUNTRY)	USA	\w	IDOWE		CED 🔲	BALTIMORECITY O		DEATH	MD
by the f		Hagerstown	1. NAME OF HOSPITAL, NE (IF NOT IN SUCH FACILITY, GIVES Western Mar	ylan	ress)		ION	178 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Dry Clean	F WORKING LIFE)	125 KIND OF BI INDUSTRY Cleane	
in 24 hou	13a. S	AL RESIDENCE (IF NURSING HOME ON O STATE 13b. COUNT Frede:	Y 13c. CITY OR	TOWN		13d INSIDE CITY LI YES 🛣 NO		3.STREET ADDRESS /	ZIP CODE	rt /2170	01
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on and co		VAS DECEASED EVER IN U.S., ARM yes, no or unknown} (IF yes, give v	ED FORCES? 166 SOCIAL (MAR OR DATES) 215-2			Mrs. Flo	rence	Indolfi, F			
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he low on the low on t	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WI	HICH OP	ERATION	WAS PERFORME	D	200 AUTOPSY? YES NO NO	20h IF YES, W IN CERTIFYIN YES	ERE FINDINGS IG CAUSES OF	USED DEATH?
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ATTENDI Spritol or ICTOR: A d for use of Heal		22a.] certify that (1) (this haspita saw the deceased alive an above, (1) (we) (did) (did not)	0-3	om 8			04 opinion de	, to 0-3	ote and havi an	nd from the cou	
TAL OR AN THE HORD detacher tote Dept		226. SIGNATURE Fle U. M	cuncula	M	1.0	PHYS	NDING ICIAN 🔀	MEDICAL STAR	FIAND	224. DATE SIG	
etoined b TO FUNE should be with the Si		Fe U Porciuno	ula, M.D.			1500 Pen Hatersto	wn, M	d 21740			
BP		BURIAL, CREMATION, REMOVAL BURIAL	236 DATE 08-07-1987			METERY OR CREM		23d. LOCATION CITY OR TOWN Cumberla	and Al	legany	MD

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James F. Scarpelli, Cumberland, MD 21502 (VRA 15, 4)

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STATE OF MARYLAND

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5 146	F 191-87	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 2 4	5 4 0
1. DI	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
{†YI	CARMEN	VIRGINIA	JENKINS	August 4, 19	87 7:00 AM
3 SI	x Female	4. RACE White	S. DATE OF BIRTH MONTH DAY July 20, 1927	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 MRS. MONTHS DATS HOURS MIN.
11	COUNTRY	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
700	issouri TITY OR TOWN OF DEATH agerstown	I IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIVO	Washington (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY
USU 130.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) (N \$13d. INSIDE CITY LIMITS?	Volunteer I3e STREET ADDRESS / ZIP COD 11 West Balt:	Health Care 21740 imore Street
	ATHER'S NAME	MIDDLE Ke ith	15 MOTHER'S MAIDEN NA	Naomi	Whiteside
	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 498-22-		enkins Funks	
	PART I. DEATH WAS CAUSE	ly one couse per line for 191) (b), and D BY: E CAUSE (a)	gestine there	T Failure	APPROXIMATE INTERVAL BEDWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	al sunosis		yours
NOIL	gularo,	ary Tib	DEATH BUT NOT RELATED TO THE TERM	nere proposer	hua
CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
// 6	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATEL	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 7)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OF TOWN	COUNTY STATE
	22a I certify that (I) (this hospi	tal) attended the deceased from	nond that in (my) (our) opinion	g, to and on the date and has	19 1767, that (II (we) lost our and from the causes stated
	221 SIGNATURE	The body ofter death.	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
1	22d. BHYSICIAN'S NAME (TYPE O	F. RU	14 366 Mi	le ST- HAG	ERS TOURS, F
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		se Hill Cemeter or CREMATORY	23d LOCATION CITY OR TOWN Hagerstown	Washington
	.K. Coffman	Funeral Home	25a. DAT	FIRE DI BY PEC DE VI 256. REPER	LEAR DEPOSITOR OF THE PARTIES OF THE

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ORD VIRGIRIA JENEURS August 4, 1987 2 412	
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MBU-22-697 Kelth S. Jeniiks Furkstown, Md.	0.1
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PART THAT I WE SEE THE THE	
Rose Hill Conotery Hagerston, Dagitneton.	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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m.c		CEASED NAME FIRST		MIDDLE	Į.	AST	20 DATE OF DEATH MONTH DE	7
nay be page 3		MARGUER	1 1 —	nmi) σ	OHNS		1.	1987 930/A
ge 4 mo	3. SE	Female	4. RACE Whit	te	July		AGE (IN YEARS LAST BIRTHDAY) 76 YRS	FUNDER 1 YEAR IF UNDER 74 HR
nerol dir.		RTHPLACE (STATE OR FOREIGN COUNTRY) SST Virginia	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ON WASHINGTON	OF DEATH
de son		TY OR TOWN OF DEATH	11. NAME OF Washir	HOSPITAL, NURSIN CHFACILITY, GIVE STREET ngton Cour	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Registered Nurse	126 KIND OF BUSINESS OF INDUSTRY Medical
635	13a S	AL RESIDENCE (IF NURSING HOM STATE 136 CC Lryland Wa		I3c CITY OR TOW Hagersto	/N	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS / ZIP CODE 1419 Virginia A	ve. 21740
1	14. FA	Samuel I	SOM	Michae	e l	15. MOTHER'S MAIDEN NAM Margaret		
n and co	160 V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	218-38-		Robert L.Joh	nson (item 13 abo	ve)
rtificate by physicia and propers emoval.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	r anly one cause pe USED BY DIATE CAUSE (0)(er line for (a), (b), an	EM S	TROKE, THROM	160716	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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on. hos been t permit	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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offending offenthis of the bur ond Me	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY TREET, FACTORY OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR Affor use of for use of Pealth		220 I certify that (I) this has sow the deceased alive above, (II) we) dip (dic	on AUGUST	he deceased from a	AUGUS	nd that in my (aur) apinion	to AUC-LST 22 1	9 <u>\$2</u> . that (1) (we) lo and from the causes stated
ALOR A the hosper at DIRECtoched of the Dept of the memory		226. SIGNATURE	H	,		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	221 DATE SIGNED 08-22-87
O HOSPITAL etoined by th TO FUNERAL should be dete with the Store		BARRY M	COHER	,		22e ADDRESS 339 E	TOWN, MD, 21	
Bb Of Walk		BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY Cemetery	23d LOCATION Sharpsburg Wash	ington Maryla
DI	24 F	UNERAL DIRECTOR				25e. DAT	E REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

Major M.Osborne Williamsport, MD 21795

AUG 2 8 1987 Decider Render

Maria Alle Salata III

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	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL H
2.4.0	CERTIFICATE OF DEATH

HYGIENE

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	130	FOR STATE REGISTRAR		DEPART	MENT OF HEALT	H AND MENTA	1	REG. NO.	1 5 4	2.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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	GISTRAR LEASED NAME	FIRST	An	IDDLE	CERTIFI	ICATE OF DEATH	20 DATE OF	REG. NO	ONTH	DAY YEAR	2b HOUR
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3. SEX		_	RACE		5 DATE O		6 AGE INYE		DAY)	IF UNDER I YEAR	
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	18 CAUSE OF DEATH PART I. DEATH WA	Enter only o	ane cause per	line far (a), (b), an	id (c'.)	w. 1 A . 0 -	510			BETWEEN	XIMATE INTERV LONSET AND D
	gave rise to imme cause (a), stating underlying cause	the '	(1c)_(AS A CONSEQUE	obsta	utive lu	ne dese	asta	ALA		
ATION	cause (a), stating underlying cause PART 2 OTHER SIGN	ediate the last	DUE TO, OF	NTRIBUTING TO	OLAHA DEATH BUT	NOT RELATED TO THE TE				EN IN PART 1	
THICATION	cause (a), stating underlying cause	ediate the last	DUE TO, OF	NTRIBUTING TO	OLAHA DEATH BUT	NOT RELATED TO THE TE	200 AUTO	SY?	206. IF YES		INGS USED
CAL CERTIFICATION	cause (a), stating underlying cause PART 2 OTHER SIGN	ediate the last IFICANT COT ION ERLYING AUSE OF DEATH	DUE TO, OR 10) NDITIONS CO	INJURY A. MONTH DA	OLAHA DEATH BUT		200 AUTO	NO [20b. IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE S	INGS USED S OF DEATH
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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W. PRESTON ST., BALTIMORE, MARYLAND 2120 of the death certifical of the attending physican and compens, tilled in the se remove carboupopic for it that it hould be till cremation, or removal sinher troumatic event.	USUAL RESIDENCE	(IF NURSING HOME OF	VTY	GIVE RESIDENCE BEFO	WN	13d. INSIDE CITY LIMIT	IS? I3e.STR	EET ADDRESS /	ZIP CODE	21	722
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours all sined by the hospital or attending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely illied in by the authority between the detached far use as the burial-transit permit. Then please remove carbondathers. Pages 1 and 2 secure the first him the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	PORTANT: If them 21 is marked at them 18 than cary injury, at other traumatic event, the medical azamine must be eated at all
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	1					STAT	E OF MARYLAND					
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1135	130 130	AL RESIDENCE (IF NURSIN STATE	G HOME OR OTH 36 COUNTY Washir	naton		TOWN	13d INSIDE CITY L	LIMITS?	3. STREET ADDRESS 228 Petm	ZIP CODE	cle	21740
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dical		VAS DECEASED EVER IN			166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDR	ESS		
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TO HOSPITAL TO FUNERAL should be det with the Store		27d PHYSICIAN'S NA	ME (TYPE OR PR	INT)			22e ADDRESS					
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DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	MINNI	CH FU	NERAL	HOME		250 DATE	REC'D BY REGISTRAF			
(VRA 15, 4)	4	15 E. Wilso	n Blv	d., Ha	agersto	own, Mc	1. 21740	1 25	b.3 dodl	// K.	7.2.2	. Instern

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	(

1 REG. NO. 2 4 5 4 6

		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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	3 SE)	X	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR IF INDER 24 HRS
	F	EMALE	WHITE	10 12 DAY 1895	91	YRS WIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
ν.		ARYLAND	U.S.A.	WIDOWED DIVORCED	□ WASHINGT	
1		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATI	
Ц	and the second	OONSDORO AL RESIDENCE (IF NURSING HOME OR	Reeders Memo		HOMEMAKE	R HOME
	13g S	STATE 136 COUN	NTY IBC CITY OR TO		5? 130 STREET ADDRESS AND MAR	SHALL STREET
	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME MIDDLE.	IZA.
	14/	ARTIN S.	. HULL	ADELL		MILLS
1		VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST			MAGERSTOWN, MD
		NO	220-1	8-0728 BLANCHE	A. MARTIN 1	365 SALEM AVE.
9		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b),	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			(E CAUSE 10) Condio	· Ruginstay &	reson	
			DUE TO, OR AS A CONSEC	DUENCE OF		
4		Conditions, if any, which gave rise to immediate	(b)			
- 1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
			(c)			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1 a
7	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
7	CERTIFICATION				YES [] NO[]	IN CERTIFYING CAUSES OF DEATH? YES NO NO
1	CER	210 ACCIDENT WAS UNDERLYING	LUCIUS A M. MONITH	216 HOW INJURY OC	CURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART OR PART ?)
	AL	OR CONTRIBUTING CAUSE OF DEA	NIN .	19		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E FARM EIC.	Cittonio	
		22a 1 certify that (1) (this haspi	tal) attended the deceased from	n, 19	, to	. 19 that (i) (we) last
		saw the deceased alive on above, (I) (we) (pid) (did no	t) view the body after death.	and that in (my) (our) opin	nian death occurred on the do	ate and hour and from the causes stated
		22b. SIGNATURE	0.1-	DEGREE		22c DATE SIGNED
,		70-	sofa 1.0	alla mo ATTENDIN PHYSICIA	MEDICAL STAF	
I		22d PHYSICIAN'S NAME ITYPE O	4	22e ADDRESS	1 0	A A A A
		W. H. 1-	ander	138 E.A	el moterita	190du gorn m2
		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	CATY OR TOWN	COUNTY ARTITE
	74 ***	BURIAL	ZOT N	REST HAVEN CEME		
	C-	JNERAL DIRECTOR	ADDRES	TOTIAL OT		256. REGISTRAR'S SIGNATURE
	UL	RALD N. MINN	ICH HAGERSTO	WN, MARYLAND SE	P 4 1987 du	ha Dundon Pardall

DHMH - 16 60M 7/84

American section

850 AUG	E E	FOR 3630te STATE DE1 BISTRAR	ems 5,12a Funera	a,14,15,2 l Home SR	DEPARTMENT OF	TATE OF M OF HEALTH INFR'S C		HYGIENE DEATH	2 _{REG. K}	4 5	47
0 J U MUG	1. DE	GEASED NAME			WIDDLE	THE S	LAST	20. DA	TE KNOWN		DAY YEAR 26 HOUR
2848E		E OR PRINT)	DAVI	D	Floyd	MI	ARTIN	5. DE	F ESTI-	3/	1 1.872:43
200 M	3 SE)	_	1 RACE	5. DATE OF BIRTH	T THE LAST BID!	HDAY) MONTE		MIN PRON	ATE OUNCED	NON /	DAY YEAR 2d HOUR
A STATE OF THE STA	7a. Bl		White	7 25		18	(F)	_ 9 BA	TIMORE CITY	OR COUNTY	1 1987 2:43 N
疑例ク	Mo:	reign country)	wn , Wast	U.S.	Α.	WIDOW	ED X NEVER MAR		w	ASHIT	NOTON ME
		., 01. 101111	DEATH	(IF NOT IN SUCH F.	SPITAL, NURSING HO	SS)	ER INSTITUTION	12a USUAL OC	CUPATION (TY	PE OF WORK	26 KIND OF BUSINESS
×4/		agerst		Washin OR OTHER INSTITUTION. G	gton Cou		ospital	Heavy	Equip 0	per.	Par Eart.
25	130 S Va.	ryland	13b. COUN	roll	Westmin	V	13d. INSIDE CITY LIMITS? YES NO		DRESS Birdvi	ew Rd	21157
	14. FA	Georg	^	MIDDLE	Martin		15. MOTHER'S MAI	DEN NAME	MIDDLE		Williams
Noision 2	lóa. V	VAS DECEASED	EVER IN U.S. AR		166 SOCIAL SECU	Sr.	17 INFORMANT	Agnes	28 ODORES		iew Rd.
Noisivid 2	(Y	NO OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	234-32-	9208	Violet	E. Mar			
E RIAL - TRANSIT PER ND MENTAL HYGIE CHEM TION, OR REMOVA	CERTIFICATION	cause (a) lying cou	CAVEU	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASI		PART I O	PERATE	(d:	In autorea
500	FICA	THE DATE OF	O/ ENATION	178. COND	HONFOR WRICH OF	EKATION W	AS PERFORMED!				20 AUTOPSY?
1201 PRIOR TO BUT		UNDERLYING	OR CAUSE OF		A. MONTH DAY YE	EAR 21c HC	OW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM TO	B PART I OR PART	
21201 PRI	MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE [AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME TORY, FARM, ETC.)		CATION	CITY	R TOWN	COUN	NTY STATE
AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		deoth resulte		ge of the remains de	Accident ,	n Autop Suicide	Hamicide TITLE (SPECIFY)	ion Inq Undetermine		ind in my apin	nion
RALI ATH, RE, v		ACTUAL SIGNATURE_	0	eoze n	we	м	DEPUTY	MEDICAL E	XAMINER	DATE	8/1/87
TER DE	-	EXAMINER'S I	NAME GE	FORGE	MILIC	h.d.	ADDRESS_HA		DRIVE.	- HA	4103
A W	23a. Bl	URIAL, CREMAT	ion,removal	8-4-87	23, NAME OF O	CEMPTERY O Park C		23d LOCATION WEST MILES	N	Carro	Y STATE
H - 17 5 ME (5))	24	LA The	Thou	as D. F. East M	letcher &	& Son	F.H AUG	4 1987	TRAR 256 REC	SISTRAR'S SIC	SNATURE

ACTION TO PROTECT CONTRACT 211 - Halle 7 25 1988 61 - -A.C.W. Tgell.twet.mggo in organia to delicate despitation delicated to the contract of the contract o On weight 1868 and antercolly Trowns Dankyla SELLAND CHANGE THE SHEET SHEET THE SALE THE STATE OF THE SHEET ASTER FOR MINISTER OF THE CALL OF THE STREET EDICOS PRODUCTS Licensia Laurinia Landinia STATE OF SALES AND A STATE OF THE SALES

injury, ar other traumatic event, the medical

MPORTANT: If them 21 is marked at them 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

REG. NO.	4	j	4	8
REG. NO.				de

						REG. NO.		de			
	CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF	DEATH MONTH	DAY YEAR	2b HOU	JR		
(TYP)	EVELY	10 2	Mar	11/2/#		30	30 87	2:45	~_		
3. SE		4 RACE	Transfer of the	WELL	7 405 4444				101		
3. SE		* NACE	5. DATE OF BIR	DAY YEAR		ARS LAST BIRTHDAY)	MONTHS BAT		MIN.		
	temale	white	08	28 00		8/ YR		,	Mind.		
		76. CITIZEN OF WHAT COUNTR'	(? 8		- 9 BALTIMOR	RE CITY OR COUN					
-	COUNTRY	125		NEVER MARRIED		10 10 10 10					
	190	US	WIDOWED	DIVORCED		nington			MD.		
10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 		HER INSTITUTION		CCUPATION FOR MOST OF WORKIN		OF BUSIN	ESSOR		
	Hagerstown	WESTERN MARYLA			THE OF WORK	111	INDUSTR	T			
USU	AL RESIDENCE LIE NURSING HOME OR				1		- 6				
13a	STATE 1136 COUN			INSIDE CITY LIMIT	IS? IS STREET A	DDRESS / ZIP CO	ODE,	174	12		
	MD wash	ngton Hagery	TOWN YES	NO [1190	Tohn S	Street	-/6			
14 F/	ATHER'S NAME	,	15. A	NOTHER'S MAIDE	NAME						
		AVID WOLFI	NGED	MINNI	_	WIODIE	RICH	ARDS			
24 - 2						ADDRESS	NICH	AKDS			
		MED FORCES? 166 SOCIAL SEG		NFORMANT	14 14 5			4			
	NO	154-24	3727	RICHARD	K. Mc D	OWELL S	SAME AS	13			
	IR CAUSE OF DEATH (Enter pol	y one couse per line for (a), (b),	and id.		4		APPRO	DXIMATE INTER	RVAL		
	PART I. DEATH WAS CAUSE	DBY:	/ 1	Hours	Talla	-	BETWEE	N ONSET AND	DEATH		
	IMMEDIAT	E CAUSE (a) (D) 40	STING 1	HEYT	Pailux	0	13	LAS			
		DUE TO OR ASACTIVEED	JENCE OF	1. 0	^	1					
	Conditions, if ony, which	(W Cryo	osclent	TO Care	diovanil	ny Dis	000	1100			
-	gove rise to immediate										
	underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF	01	0		100				
	7,15	10 0041	anic	Drain	Syndr	one	4	125			
_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIONS TO	DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE	OR CONDITION	GIVEN IN PART	110			
CERTIFICATION											
1	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WA	SPERFORMED	20e AUTO	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED					
문						IN CERTIFYING CAUSES OF DEATH?					
2			la:		YES	NORT	YES	NO [
	OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OF	CCURRED (ENTER NATI	URE OF INJURY IN ITEM	18 PART 1 OR PART 2)				
₹	(IF EITHER NOTIFY MEDICAL EXAMINER		19								
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		LOCATION					_		
¥	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TOWN	COUNTY	5	STATE		
	AT WORK AT WORK						A				
	22a. I certify that X (this hospit	0. / 0.0	-CA	2, 19	10_0	130	19.6	that (1) (
	sow the deceased alive on above, (I) (wa) (did) (dia wat	19.	ond the	t in (my) (XVX op	inion death occurred	on the date and l	hour and from th	e couses ste	oted		
	22b. SIGNATURE	Thew the dody offer death.	DEGR	EE			1225 DAT	E SIGNED			
	CHE COLO	AHOUR	NG . MEDICAL _	STAFF	D-/	- 0.0	1				
	1 yale	4 mus	AN DIRECTOR	PHYSICIAN [10,5	0/	37				
	22d PHYSICIAN'S NAME (TYPE OF	(MINT)	22e.	ADDRESS	Drunevil	vania	ALD				
	(X , K)	M, M.D.	/	1300	الا دروای	1000	7	1.00			
22-	DIDIAL COCMATION DESCRIPTION		NAME OF CO.	THEY	moun,	11101	2070	(1)			
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMET	/	CITYO	OR TOWN	& COUNTY	8.0 5	STATE		
	BURIAL	19-2-8/ R	EST HAVE	EN CEME		ERSTOWN	WASH.	MD.			
24 F	UNERAL DIRECTOR	305 N. POT	OMAC ST.	250	DATE REC'D. BY RE	GISTRAR 256 REG	GISTRAR'S SIGNA	ATURE			
G	ERALD N. MINN	ICH HAGERSTO	WN. MARY	CLAND S	SEP 4 tos	27 1.0	PO	-			
	FIVUED 11 . ITTIVITY	TOU HAOFIOLO	MIN CHA	LAND	יבי ד וסו	JI Chilla d	1 colden	-			

DHMH - 16 60M 7/84 (VRA 15, 4)

	STATE OF MARYLAND)	
	ENT OF HEALTH AND MEN		
GELWICKS	CERTIFICATE OF DEA	TH O	

2	87	FOR STATE REGISTRAR IC	la Mad	laline	DEPARTMENT OF HEALTH AND MENTAL HYGIE Line GELWICKS CERTIFICATE OF DEATH						2 4	5 4	7	
		CEASED NAME AF	3/W.	-	HIDDLE	173/6	WER		20 DATE (OF DEATH	MONTH Aug. 2	DAY YEAR 2, 1987	26 HOUR	ZA M
1	3. SEX		- 4	RACE		5. DATE C			6. AGE (II	N YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 2	
ı		female		whit	e	Novem	ber 8.	1909		7	7 YRS	MONTHS DAYS	MOURS	MIN.
		RTHPLACE (STATE OR FO	REIGN 71	CITIZEN OF	WHAT COUNTRY?	8	_		9 BALTIN	ORE CITY		Y OF DEATH		
)		ountry) aryland		U.S.	Α.	WIDOWE	D NEVERA	VORCED	Wa	shing	ton			MD.
7		y OR TOWN OF DEAT gerstown	н 1	LIF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET INCOME	ADDRESS1			12e USUA	LOCCUPAT		126 KIND OI INDUSTRY	F BUSINE	SSOR
1	USUA 130 S	L RESIDENCE (IF NURSIN	36 COUNT		GIVE RESIDENCE BEFORE 13c CITY OR TOW Hagersto	N	134 INSIDEC YES 🎦	ITY LIMITS?	134 STREE	ADDRESS Bram.	ZIP COD	urt 21	740	
	14. FA	THER'S NAME Ira	MI	DDLE	McKee			maiden na	AME	MIDDLE		Baker 1A51		
1		AS DECEASED EVER IN		ED FORCES? WAR OR DATES	214-09-		Mr. Ch		Gelwi	cks,/l		town, M	ary1a	and
	N	Conditions, if ony, gove rise to immecouse (a), stoting underlying couse PART 2 OTHER SIGNI	ediate the lost	(b) DUE TO, OI	R AS A CONSEQUE	ENCE OF	NOT RELATED	TO THE TERM	MINAL DISE	ASE OR COR	NDITION GI	VEN IN PART ITO)	_
1	CERTIFICATION	190 DATE OF OPERATION 196 COND			DITION FOR WHICH OPERATION WAS PERFORMED				200 AU	TOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES		H?
1	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	AUSE OF DEATH	Ρ.	M. MONTH DA	AY YEAR		JURY OCCUR	RED (ENTER	NATURE OF INJ	URY IN ITEM 18	PART (OR PART 2)		
	MED	WHILE NOT WHILE AT WORK	E 🗍	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	NO.		CITY OR T	OWN	COUNTY	51	TATE
		220. I certify that (I) (sow the decession obove, (I) /we) (di 22b. SIGNATURE	daive on_	1-400	19_		DEGREE					ur and from the o	that (II (w couses sta	
/		22d PHYSICIAN NA	ME TYPE OR	C12A	poh			ATTENDING PHYSICIAN [RECTO	PHYS	ESO.	41/14	1989	(p)
100		URIAL, CREMATION, R	EMOVAL	23b DATE	5 1097 P		EMETERY OR			CATION	n. Was	sh ^{cou} Marv	land	ATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

burial

24 FUNERAL DIRECTOR
415 E. Wils

Aug. 25,198/ Rest Haven Cemetery

RECTOR MINNICH FUNERAL HOME Wilson Blvd., Hagerstown, MD. 21740

STATE OF MARYLAND

						STATE	E OF MARTLAND					
060 AUG-		FOR STATE REGISTRAR					EALTH AND MENTA	H Q	REG. NO		5 5	0
m =		CEASED NAME	FIRST		MIDDLE	l	AST	20	DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
poge 3		C	lara		irginia		HAEL		Allgus			4:45p N
frer f	3. SE)			4. RACE		5. DATE C			AGE IN YEARS LAST BIRT		FUNDER I YEAR	HOURS MIN.
D 0	2 00	Female		Whit		June	7, 1903		84	YRS.	05.05.4711	
10/82	(OUNTRY)	OREIGN	b. CITIZEN OF		MARRIE!	D NEVER MARRIE	ED 🗆	BALTIMORE CITY OF		OF DEATH	
194		irginia TY OR TOWN OF DEA	711	USA		WIDOWE	D NORCE		WASHINGTO B USUAL OCCUPATION		Tin Kinin (MD OF BUSINESS OR
13 90	M	illiamspo	ct	Homewood	d Retir	reet address)		IT.	Registered	F WORKING LIFE	I INDUSTRY	
pld be	13e. S	RESIDENCE (# NURS TATE ryland	136 COUN		13c. CITY OR T		13d. INSIDE CITY LIM		STREET ADDRESS / 2750 Virgi			1795
sho 2 sho		THER'S NAME					15. MOTHER'S MAID					
and De		Elias		R.	Kenr	nedy	Salome		Susan		Rif	e e
S CO		AS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRE	SS	2089	15
Pog Pedi	(,	no or unknown)	(IF YES, GIVE	WAR OR DATES)	223-10	-5190	Sara Jose	ey/44.	10 Frankli	n St.k	Kensing	gton, MD
P P P		18 CAUSE OF DEAT	H (Enter onl	y one cause per	line for (a) (b)	, ond (c1.)	Λ				BETWEEN	ONSET AND DEATH
1991		PART I. DEATH W		DBY. E CAUSE (a)	(A	RDIAC	- Honts	37				
D S S S S S S S S S S S S S S S S S S S				DUE TO, O	R AS A CONSE	OUENCE OF	- 1					
100		Conditions, if any,		((b)_	FLE	-CTMOR	4TE 11	MBAC	MICE			
2111		cause (a), statin	ig the	DUE TO, O	R AS A CONSP	AEHE	2010					
0000												
DE PORT	z	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CON	DITION GIVE	EN IN PART 1:	a
10 1	ATIC	19a DATE OF OPERA	TION	19b. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	206. IF YES	, WERE FINDI	NGS USED
524 54	윤								YES TO NOT		YING CAUSES	S OF DEATH?
11111	CERTIFICATION	710. ACCIDENT WAS UNI	DERLYING	216. TIME C			21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJUR	1		.,,,
TE EC		OR CONTRIBUTING				DAY YEAR						
West of	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION					
1 7 7	×	WHILE NOT WE	THE .	(AT HOME, ST	REET, FACTORY, OFF	ICE, FARM, ETC)	STREET		CITY OR TO	MM	COUNTY	STATE
0 to 0				al) attended A	a deceased fro	om	UNC 19	35	u to	co.	19 108	that (I) (we) last
2 2 E	153	22a I certify that (I) saw the deceas	ed alive an.			2 87.01	nd that in (my) (aur) a	apınion dea	th occurred on the do	ate and hour	and from the	causes stated
DE TON		27h SIGNATURE	01	110/16	after depth.)	DEGREE				22c DATE	SIGNED
e De		111	511	101	-		ATTEND PHYSIC	DING /	MEDICAL STAF	F IAN -	12	13/57
Store deta		224 PHYSICIANS N	AME LIVE DE	FERST			22e. ADDRESS	CIAIN L	TIRECTOR TITISIC	IAIN	1 0/	0/0/
or FUNERAL hould be detended the Stote		Situal	OF	Me-	trne	_	1935	1100	1011 R	7 +	SOOL	25.427
shoul with MPO	23a F	URIAL, CREMATION,	PEMOVAL	236. DATE			EMETERY OR CREMA	HOU	73d LOCATION	7, 1	1996	131001
		SPECIFY) Buria.		Aug. 4			iew Cemete		Waynesboro	A	ugusta	Virginia
	24. FI	INERAL DIRECTOR		19.11			12	250. DATER				
16 60M 7/84		jor M.Osborn	PO	Box # 3/19	William	Smort MD	21795	AUG	0 0 1987	0	RADERICATE	
(VRA 15, 4)	I'scl	JOE LEGOTOFIE	E.U.	DEC II AND	, MTTTTT	PLUT CALE	22100		- '			

BIT VOTTOD SYDE

CACHERINE IN

AUG 06 307 Join General Reason

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME FIRST		ionel		ller	20. DATE OF DEA	Igust 15	DAY YEAR	26 HOUR	
	3. SEX		male white LACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8			OF BIRTH	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER YEAR	IF UNDER ZAHKS	
1	1_5	male RTHPLACE (STATE OR FOREIGN OUNTRY) NIO				4, 1908 AR DEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE C	79 YRS TOUNTY Washing		MD.	
	I	Hagerstown	1371	Jefferso	n Blv	d.	12a USUAL OCCU	MOST OF WORKING LIF	FEI INDUSTRY	producer	
2	13a S1 Pe	ennsylvania Cu	YTY	13c CITY OR TOV	yne	13d INSIDE CITY LIMITS? YES X NO 1 15. MOTHER'S MAIDEN NAM FIRST FIRST		Iton Stre	eet 9	9999 st	
3	Ióa W	'AS DECEASED EVER IN U.S. AR	- /	166 SOCIAL SECTION 276-07-1	URITY NO.	Mr. Daniel E		ADDRESS Hagers	stown,	WIND IN	
	NOI	Conditions, if ony, which gove rise to immediate couse foi, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT ((c)		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
111	ICAL	21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (HE EITHER NOTHEY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE AT WORK AT WORK	P 21e PLACE	M. MONTH D M.	19	216 HOW INJURY OCCURR 216 LOCATION STREET	25.8	YE	s 🗆	NO	
/		22a I certify that (I) (this hospi sow the deceased alive on obove, (I) (we) (did) (did no 22b. SIGNATURE ROBATURE 22d. PHYSICIAN'S NAME I) PE C	t) view the body	19	, ог	nd that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS	. 10	the date and hou	ond from the	that (I) (we) lost couses stated SIGNED 5 - 8 7 .	
	(5	NAME	Aug. 1	5,1987 S	miths HOME	burg Crematory yland 21740	ry Smith ERECT BY REGIS	sburg,	RAR'S SIGNAT		

DHMH - 16 60M 7/84 (VRA 15, 4)

yest 9 a sua

20M 4/82

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR

23a, BURIAL CREMATION, REMOVAL

burial

BY REGISTRAR 256 REGISTRAR'S SIGNATUR lia Devider.

23d LOCATION

August 25,1987 Broadfording Cemetery Hagerstown, Wash., Maryland

415 E. Wilson Blvd., Hagerstown, Maryland 21740

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

162705 AUG	100	A THE STATE OF THE					FICATE OF DEATH	HACIENE A	REG. NO	455	4
1 71 .		CEASED NAME FY	edric	k F	Ray	Mo	oats	20 DATE C	F DEATH MONTH	5 87	26 HOUR 4:30 A
	1.5E	male		4 RACE	hite		of Birth t. 26, 1947		YEARS LAST BIRTHDAY)	MONTHS DAY	AR IF UNDER 24 HRS
1 85	1000	aryland	FOREIGN		WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Wa Wa	ore city or coul shington	NTY OF DEATH	MD
1100	1001112	oonsboro	ATH		HOSPITAL, NURSIN UCHFACILIM GIVE STREET PS MEMON		OR OTHER INSTITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORKIN	GUFEI INDUSTR	OF BUSINESS OR
	The state	AL RESIDENCE IF NURS	136 COUN	OTHER INSTITUTION	Boons bor	ADMISSION)	13d. INSIDE CITY LIMIT		ADDRESS / ZIP CO		3
MAKE AND	"	Charles		MIDDLE	last Moat	s	15. MOTHER'S MAIDEN		WIDDLE	Su	der
IIMORE,		VAS DECEASED EVER		E WAR OR DATES!	212-50-8		Mrs. Judy	L. Moats	ADDRESS Boonsbo	oro, Md.	
of physics in the party of the		PART I. DEATH W		ly ane cause pe D BY E CAUSE (a)_	er line far (a), (b), an	d (c	went	0	Marin I	SETWEE	NAME OF THE PARTY.
W. PRESTON The death of the the death of the transfer of the transfer from the		Conditions, if ony, gove rise to improve couse (a), static underlying couse	mediate ng the	DUE TO, C	DR AS A CONSEQUE	ENCE OF	almocar	cinon	u		
DIVISION OF VITAL RECORDS, 201 "After the central physicism The the central permit has been signed as the busined sensity permit. The piece the size Membel Hygierne price to busined survived as her 18 shown price to busined and all her 18 shown price to busined and all her 18 shown price to busined.	THICATION	PART 2 OTHER SIGN	· wa	conditions	- mei	lent	NOT RELATED TO THE T	7 The AUT	relief 20h IF	YES, WERE FIND RTIFYING CAUSE	luce DINGS USED
SCIAN TO PUTD	CAL CER	210. ACCIDENT WAS UNION OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c HOW INJURY OC	CURRED (ENTER N	ATURE OF INJURY IN ITEM	18 PART OR PART ?	
ON THE STATE OF TH	MEDIC	21d INJURY OCCUR			OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDO potal or TOR of No other of Health		22a I certify that (1) sow the decease obove, (1) (we) (4				27.0	nd that in (m) (our) opin	F.7. to	ed of the date and		e, that (I) (we) lost he couses stoted
At OK A the holy At DIRE detached one Dept ff. if there		22b. SIGNATURE	1/2	10			DEGREE ATTENDIN PHYSICIA		STAFF PHYSICIAN		TE SIGNED
S FUNES Could be the Sa		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e ADDRESS				
BP		BURIAL, CREMATION,		Aug. 5			emetery or cremator burg Cremat		ths burg, k	lash, Md.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Davis Fu	enni nera I	Home	Smithsbu	rg, Md	250	AUG 1	REGISTRAR 256 REC	SISTRAR'S SIGN	.0 .

0.5-2-CONTROL OF THE STATE OF THE STA efficient land in 000 LIVEV T an Drugio ver 10ths 212-50-220 cm. here h. house occurre, white Comercial W. F. 1967 withness arrangers intolerance, actions

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	/	(Size
17.0	REG. NO.	-11

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de	4	C	2	-
			- 17	

GISTRAR				REG. N	٥.		
EÇEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
GRA	W.	MONTGON	MERY	August 2	1987		6:25A M
1 SEX	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIR	THDAY] IF UN	DERIVEAR	IF UNDER 24 HRS
female	white	Oct		77	YRS	S DAYS	HOURS MIN.
. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C		DEATH	
WEST VIRGINIA	U.S.A.	WIDOWI		WASHINGTON	COUNTY		MD
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120. USUAL OCCUPAT	ION 12		F BUSINESS OR
HAGERSTOWN	WASHINGTON	COUNTY HO	SPITAL	HOMEMAKER	IF WORKING LIFE) IN	HOME	
	OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)					11/11/
MARYLAND WAS		RSTOWN	YES NO NO		STOWN DR	IVE	170
14 FATHER'S NAME	MIDDIE	AST	15. MOTHER'S MAIDEN NA/	MIDDIE		LAS	ī
GEORGE	CECIL JEN	KINS	CARRIE	Μ.	W	RIGH	T
160 WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	AL SECURITY NO.	17. INFORMANT	ADDRI			1000
OR UNKNOWN) (IF YES,	220-	-04-6429	ROSE M. MALK	IEWICZ 8 EM	ERALD DR	. HA	G. MD.
18 CAUSE OF DEATH (Enter	anly one cause per line for (a)	, (b), and (c)			L	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAL	ISED BY: IATE CAUSE (a) Acute	respirat	ory failure			6 da	ays
	DUE TO, OR AS A CO	NSFOUENCE OF					
Canditions, if any, which			odenal ulcer			1 we	eek
gave rise to immediate cause (a), stating the	DUE TO, OR AS A COI						
underlying cause last.	(6)	132002112201					
	T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 110	
Arterios 190 DATE OF OPERATION July 25 198 210 ACCIDENT WAS UNDERLYING	clerotic heart	disease					
190 DATE OF OPERATION	196 CONDITION FOR			200 AUTOPSY?	206. IF YES, WE		
July25 198	7 Perforate	d duodena	al ulcer	YES NOTE	IN CERTIFYING	CAUSES	NO []
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	ORPART 2)	
OR CONTRIBUTING CAUSE OF			none				
CIFETHER NOTIFY MEDICAL EXAMI	21a. PLACE OF INJURY		211 LOCATION	CITY OR TO		OUNTY	STATE
NOT WHILE AT WORK	(AT HOME, STREET, FACTORY		SIREET	CITYORIC	WIN	.001471	STATE
	spital) attended the deceased	77 77	25 19.87	L to Aug 2	198	7	that (1) (we) last
saw the deceased alive	an Aug 1 nat) view the body after death	_19 <u>87</u> .a	nd that in (my) (aur) apınıan ı	death occurred on the d	ate and have and	from the	causes stated
22b. SIGNATURE	nat view the bady after death		DEGREE			22c DATE	SIGNED
Francie	co G Tax	222 1	M.D. ATTENDING	MEDICAL STA		A110	2 1987
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)		22a ADDRESS	Mill St.		riug	1,007
Francisco	G. Japzon, M.D			stown, Md.	21740		
230 BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) BURTAL	8-4-87		LIPS CEMETERY	SMITHS BLI	PG WASH	MP VINI	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR GERALD N. MINNICH

FOR STATE

305 N. POTOMAC ST. 1250 DA HAGERSTOWN, MARYLAND

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FOR STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 7 2 4 5 5 6

_K								REG. I					
CLYPE	CEASED NAME	FIRST		MIDDLE	L	AST	1	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
(ger	Jac	cob	Mose	er			08	01	87	9.	35mam.
3 SE			4. RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAST B			DERIYEAR	IF UNDER	
	. M		W		09	28 19	72	84	YRS	MONTHS	SDAYS	HOURS	MIN
	RTHPLACE (STATE OR FI	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRI	ED 🗆	9 BALTIMORE CITY		TY OF D	EATH		
	ryland		U.S.A		WIDOWE			Washingt	con				MD
3 .	Boonsboro	тн		Sac Memor's		OR OTHER INSTITUTION	NC	120 USUAL OCCUPATION OF FARMER		SUPE) 12b	NIND OF	arm	SSOR
130 3	al residence (# NURS) STATE ryland	13b COUN		GIVE RESIDENCE BEFORE USC CITY OR TOW Myersvil	'N	13d INSIDE CITY LIV		13e STREET ADDRESS 10834 Hary	/ ZIP CO	1 Rd	/217	73	
-	THER'S NAME					15. MOTHER'S MAIL		NE .			,		
Co	orge	77.13	E.	Moser		Del Del	la	MIDDLE	M	arke	LAST		
6a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		10834 ^A TR					
No	YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-16-3	3396	Olive V.	Moser						
140	18 CAUSE OF DEATH	d (Enter on	Ly and says not			1 1	10001	17 7	,		APPROXIV BETWEEN O	AATE INTER	VAL
	Conditions, if ony, gave rise to imm couse (a), stating	which	DUE TO, O	R AS A CONSEQUE	Sec	erebrol un day	Sea	lachour e demo	ntia	_	2	lears	
TION	PART 2 OTHER SIGN	HEIGHT	onditions co	Lake Entributing to	le DEATH BUT	moune			Theyor	ridis	in		
RTIFICA	19a DATE OF OPERAT				OPERATION	N WAS PERFORMED		YES NO NO	IN CER	TIFYING YES	CAUSES C	GS USED OF DEATI	H?
MEDICAL CERTIFICATION	21a ACCIDENT WAS UND OR CONTRIBUTING C LIFE EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH	AUSE OF DEA	P. PLACE	M. MONTH DA	19	TH LOCATION	OCCURRE	ED TENDER NATURE OF PAR			OUNTY	51	TATE
	WHILE NOT WHAT WORK 224 certify that (I) saw the decease abave (I) we) (d	(this hospit		/ /-	87 an	id that in (my) (our)	opinion d	eath occurred an the	dote and h	_, 19_2		hat (1)(v	
	22b. SIGNATURE	Par	runt	welen	MO	DEGREE ATTEN PHYSI		MEDICAL STA	AFF ICIAN []	1	8/2	1/8/	7
	22d PHYSICIAN'S NA	· t	Tugle	mo		ADDRESS (Seet	ng Lane,	te	edy	3vitis	e, A	11
- 1	SURIAL, CREMATION, I	REMOVAL	236. DATE			EMETERY OR CREM		Myersvil	10 F	codew	24 ole 1	Marriy	Ibnd
Ы	ir 1 al	0	08-03-	0/ MT	.Zion	U.Methodi		1					Tand
NE	MENAL DIBECTORY	Ke	chette	ADDR665	3.50	01770	AUE	REC'D. BY REGISTRAL 0 6 1987			SIGNATU		
R:	icketts Fur	neral	Home M	yersvill	e, MD	21//3	NUC	0 6 1987	Jane	Post	A.V. V.		

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT:

TO FUNERAL DIRECTOR: After this certificate has been sigl should be detached for use as the burial-transit permit. Then with the State Dept of Health and Mental Hygiene prior to b.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME FIRST		MIDDLE	- l	AST	20. DATE OF DEAT	H MONTH	DAY	YEAR	26 HOU	JR.
	(TYPE	OWEN	HEN	NRY	Mow	BRAY	8	23	198	37		AA
	3. SE		4 RACE		1		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER	TYEAR	IF UNDER	24 HRS
		MALE	WHITE		5. DATE C	18 1919	68	YRS		DATS	HOURS	M IN.
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8.	D X NEVER MARRIED	9. BALTIMORE CIT	_ ^		ATH		
2	_	VIRGINIA	U.S.A.		WIDOWE	D DIVORCED	WASHING		YTNUC		9	MD.
7		AGERSTOWN		H FACILITY, GIVE STREE	ADDRESS)	OSPITAL	120 USUAL OCCU (TYPE OF WORK FOR M BARTENDE	OST OF WORKING	LIFE) IND	USTRY	RANT	7.5
3	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION NTY INGTON	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13 . STREET ADDRE		DE	AVE	17	40
0		ATHER'S NAME				15. MOTHER'S MAIDEN NAM	WE					1 1 1 1
0		ARTHUR	MIDDLE	MOWBRAY		CLAUDIA	MIDD	Mor	RRIS	LAST		
1	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECT	URITY NO.	17 INFORMANT		DRESTAGE			VD	
		YES, NO OR UNKNOWN) (IF YES, G		223-18-5	2/2	JEAN A. MOWE	BRAY 1115	W. CHU				-110
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per ED 8Y:	1	//		DATE:		81	APPROXIM	NATE INTER	DEATH
		IMMEDIA	TE CAUSE (a)	1) rouch	upsile	eroned				day	12	
3			DUE TO, O	R AS A CONSEQU	-	Contract of the				21.	A	
И		Conditions, if any, which gave rise to immediate	(b)_	metaria		caringer				age A		
		cause (a), stating the underlying cause last.	DUE TO, O	Careson Careson		the project	(nertak	(c)		wen	Utte	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO		NOT RELATED TO THE TERM			SIVEN IN P	ART 110		
7	ATIC	19a DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	NWAS PERFORMED	200 AUTOPSY?		res, were	FINDIN	GSTISE	0
	CERTIFICATION						YES NO	IN CER	TIFYING C			TH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME O HOUR A.	FINJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM I	8 PARTIOR F	PART 2)	- 1	
Н	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	211 LOCATION				90		
	MEC	WHILE NOT WHILE AT WORK	21e. PLACE	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY	OR TOWN	cou	NTY	S	STATE
		220.1 certify that (I) (this hasp	ital) attended th	e pleceased fram_		8/6/1987		12/1	19.00	/	hat (1) (4	wetflast
	40	saw the deceased alive a abave, (I) (we) third) (did n		otter death	, or	nd that in (my sour) opinion o	death occurred an ti	ne date and h	our and Ire	am the c	auses sta	ated
		22b. SIGNATURE	,		10	DEGREE	1000000	0000	220	DATES	IGNED	
		2	elioy 17	uns 2	6		MEDICAL DIRECTOR PH	STAFF YSICIAN [8	12%	1/5	1
/		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			27e ADDRESS						
		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION					
	{	BURIAL	8-25-8	37 F	OSE H	ILL CEMETERY	HAGERS	POWN	WASH	. M	D. s	TATE

305 N. POTOMAC STREET HAGERSTOWN, MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
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GERALD N. MINNICH

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G -8	87	FOR STATE REGISTRAR	DEPÁR		EALTH AND MENTAL HYG	IENE 8 /	2 4 5	5 6
	(TYPE	OR PRINT) CHARLE		mu	LLENIX Jr.		8 02 87	6:40 PM
	3 SE)	MALE	LAUCASIAN	S DATE C	18 1977	6 AGE (IN YEARS LAST BIRT	MONTHS DATS	HOURS MIN.
3	(RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	D DIVORCED	WASHI	NGTON CO	O. MD
9	41	AGERS TOWN	11. NAME OF HOSPITAL, NURS	T ADDRESS)	DUNTY HOSP	170 USUAL OCCUPATION ORK FOR MOST O	F VPORKING LIFE) INDUSTRY	papers
5	13a. S	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION GIVE RESIDENCE BEFORE ALL CATY OR ASSET	370W	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE LES 1	APT 612
1		Charles	H. Mullenix		IS MOTHER'S MAIDEN NAME FIRST Esta	Mae	Vinsor	
	(1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GR 10	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 214-44	-6686	Doris Pitsno	ADDRE ogle, Hagers	stown, Md.	CMATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF	works Cordin	o Varcula	Diene	
	TION	15-m-1	CONDITIONS <u>CONTRIBUTING TO</u>					
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IT IN CERTIFYING CAUSES YES	
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM IS PART I OR PART 21	
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	1	211 LOCATION STREET	CITY OR TO		STATE
0 1 4		220.1 certify that (I) (this hasp sow the deceased alive of above, (I) (Ne) (did) (did no	not attended the deceased from	ار ر الع	d that in (my) (our) opinion	death occurred on the de	e and hour and from the	
Ž		22d PHYSICIAN'S NAME LIVES	1.5		1-	MEDICAL STAF	FF _ 11 \	SIGNED
7		W. M. F			130 E. Andre	ton St. Ha	n, recoperage	K 21740
	230 E	BURIAL, CREMATION, REMOVAL (SPECIFY) burial	236 DATE 236 August 5,1987		EMETERY OR CREMATORY Hill Cemetery	7 Hagersto	own, Washingt	ton, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospitol or

BP

should be detoched for use as the buriol-transit per ment with the State Dept. of Health and Mental Hygiene prime to be TO FUNERAL DIRECTOR: After this certificate has

74 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

AUG 06 1087 Julia Danden Rock

10		STATE OF MARYLAND
10	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
06458 SEP -	DECEASED NAME	FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR 26 HOURS
r deo)	UILQO D. IEWDraugh 8-18-81 9PM 1 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 24 HRS
E g. p	3. SEX	MONTH DAY YEAR MONTHS UATS HOURS MIN.
Poge direct	70. BIRTHPLACE (STATE OF	e White //3 27 60 YRS FFOREIGN 176 CITIZEN OF WHAT COUNTRY? 8 X 7 1 BALTIMORE CITY OR COUNTY OF DEATH
4 5 72 9	West Virgi	MARRIED WEVER MARRIED W
ab to the state of	TO CITY OR TOWN OF DE	ATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 125 KIND OF BUSINESS OR
or softe	Hagerstou	
212 d in	130 STATE	RSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 132 CITY OR TOWN 1334 INSIDE CITY LIMITS? 133 STREET ADDRESS / 7IP CODE
AND 24	W.Va.	Berkeley Martinsburgyes X NO 315 Wheatlend St/. 25401
H 1 15 ///	FATHER'S NAME	.am N Marpole Is. Mother's Maiden Name First Leota Slonaker Slonaker
M 5 65 /4/0	Willi	
TORE STATE OF THE	(YES, NO OR UNKNOWN)	RIN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 15 Wheatland St. 234-36-7262 Hugh B. Newbraugh, Martinsburg, W. Va
MI 4 85 1		APPROVING MY INITERVAL
. BA	PART I. DEATH	WAS CAUSED BY:
N ST		DUE TO, OR AS A CONSEQUENCE OF
STO Mark Mark Mark Mark Mark Mark Mark Mark	Canditions, if an	y, which (1b)
PR The Day of the Country of the Cou	gave rise to in couse (a), stat	ing the DUE TO, OR AS A CONSEQUENCE OF
201 W	underlying cous	(c)
25.2		GNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
RECORDS,	19a DATE OF OPER.	ATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206, 4F YES, WERE FINDINGS USED
LRE DE LE	E	YES NO YES NO NO
All And Share	21a ACCIDENT WAS U	LIGUE A M. MONTH DAY VEAD
OF OF OF OF OF OF	OR CONTRIBUTING	CAUSE OF DEATH
HYS and in din din din din din din din din di	(IF EITHER NOTIFY MEI	LAT HOME STREET FACTORY OFFICE FARM FIC) STREET CITY OR TOWN COUNTY STATE
DIVISION OF VIT NG PHYSIC Water this cention os the buriol from th and Mental Hys orked or feet 183	AT WORK NOT W	ORA COLO COLO
		1) (this hospital) attended the deceased from 19 07, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated
ATTEND ospitol o ECTOR , ector ose of for use t of Heo		osed alive an [9] and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated (did) (did not) view the body after death. DEGREE 72c DATE SIGNED
OR he h	221-SIGNATURE	A () A ATTENDING MEDICAL STAFF () C 120
PITAL by t ERAL Stote de Stote	1	NAME (TYPE OR PRINT) PHYSICIAN DIRECTOR PHYSICIAN
oined ould b with the	Freder	ie Iti Kass III 1825 Howell Rd Hegershown had
poppor	23a BURIAL CREMATION	
799877	Burial	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	Barr-2060 RosedaTe Road 4UG 28 1987 Julia Dirigina Pullar Signature
(VRA 15, 4)	OCTTY D. T	Martins burge WV 25401 100 20 1501 pour portion Contains

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TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

d	di	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO.	4 5 6 6	
٦		CEASED NAME FIRST		MIDDLE	Į.	AST	28. DATE OF DEATH MONTH DE	14 110011	_
1	Time	Home	(No	the	itine.	8 3	87 3100	M
1	3. 5E)		4. RACE	1,0	5 DATE C			FUNDER I YEAR IF UNDER 24 HR	_
- 1		male	WHIT	T F	12	22 910	90 yrs. M	ONTHS DAYS HOURS MIN	d.
d		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1	_	9. BALTIMORE CITY OR COUNTY	OF DEATH	_
4	63.	COUNTRY	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	WASHINGTON COUN	ITY ,	MD.
$^{\sim}$		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS C	-
4		AGERSTOWN	COLTO		URSIN	IG HOME F	AINTER DECORATOR	SELF	
5	MA	RYLAND WASH	INGTON	HAGERSTO	N	134 INSIDE CITY LIMITS? YES 🕅 NO 🗌	131009 VALLEYBROOK	DRIVE / 75	1
1	IA. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	LAST	
		GEORGE		NOTHSTINE		DORA	GRAF	FIS	
П		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	_ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		NO NO	IVE WAR OR DATES!		100	GLADYS D. SI	HUTTE SAME AS 13		
	- 0	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	nly one cause per ED BY: ATE CAUSE (0)	r line for (a), (b), and	orde	à arr	2/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
	NO	Conditions, if ony, which gave rise to immediate couse (a), stofing the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART Ito	_
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?	
7	115/5/08	71a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI	EATH HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TB. PA	RT T OR PART 2]	
١	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE F	ARM, ETC	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
		sow the deceased alive a above, (I) (we) (did) (did n	n	19			, to 1 death occurred on the date and hour		ost
		276 SIGNATURE		204-	7	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	9/1/12	
		ABDUL L	J ALLER	I wo		1610 - OAK	Hill Ave. HAGE	nstown my	,
		BURIAL, CREMATION, REMOVA BURIAL	9-3-8			EMETERY OF CREMATORY WN CEMETERY	COLUMBUS FRANI	KLIN OHIO STATE	:
	24 FU	UNERAL DIRECTOR	305	V. POTOMA				ARASIGN (CARRIED)	7
	GE	ERALD N. MINNIC	H HAGE	RSTOWN			0 0 1301		

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(VRA 15, 4)

BP

hos be STATE OF MARYLAND

5. DATE OF BIRTH

MONTH

MIDDLE

Mae

76. CITIZEN OF WHAT COUNTRY?

Milliamsport

Martindale

white

U.S.A.

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Washington

ANDOLE

Barraatt

136 COUNTY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH DAY YEAR 76 HOUR MONTH IF UNDER 1 YEAR & AGE (IN YEARS LAST BIRTHDAY) # LINDER 21 HRS

May 28, 1915 72 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Washington

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

YEAR

12a USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY teacher public shool

Washington County Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2656 Buford Drive

15. MOTHER'S MAIDEN NAME Clara

AAID DIE May

Fairchild

21795

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-38-1627 Rev. A. Odell Osteen, Sr. Williamsport, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated

saw the deceased alive on_ above, (1) (we) (did) (did not) view the bady after death. 221-SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c DAJE SIGNED

burial

23g BURIAL CREMATION, REMOVAL

(SPECIFY)

1825 231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Cedar Lawn Mem. Park

23d LOCATION

Hagerstown, Wash., Maryland

MINNICH FUNERAL 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

FOR

REGISTRAR

CEASED NAME

female

Pennsylvania

II CITY OR TOWN OF DEATH

FIRST

Thomas

Hagerstown

Maryland 14 FATHER'S NAME

TO BIRTHPLACE ISTATE OR FOREIGN

- STATE

3 SEX

236. DATE

415 East Wilson Blvd., Hagerstown, Maryland 21748E

Sept. 1,1987

SEP02 BBZ State Pare

the funeral director, page 3 d within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 S 6

ľ	REGISTRAR		CEKI	IFICALE OF DEATH	REG. N	0.		250 m g = 0
	. DECEASED NAME FIRST	ń	AIDDLE D. +T	EAST	20 DATE OF DEATH	MONTH DAY	VEAR ION	26 HOUR
-	3 SEX	4 RACE	NN FIT	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY IF	UNDER I YEAR	IF UNDER 24 HRS
1,	Female	White	MON	NTH DAY YEAR		MOI	NIHS DAYS	HOURS MIN.
7	70 BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8		9 BALTIMORE CITY C	41 YRS	FDEATH	
	Maryland	United	MARR	NED XX NEVER MARRIED DIVORCED	Washington			44.0
ti	O CITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSING HOME		120 USUAL OCCUPAT	ON		F BUSINESS OR
۱	Hagers town		HEACILITY, GIVE STREET ADDRESS) IGton County	Hosnital	Owner-Oper		Rec ta	aurant
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISSION		13e STREET ADDRESS		110300	AUT WITE
ш		ington	Hancock	YES X NO	11 Funk Ave		2	21750
	4 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAS	1
L	Elmer	S.	Souders	Hazel	٧.		Hovern	nale
I	(YES, NO OR UNKNOWN) 1 (IF YES, GI	MED FORCES?	166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRI	:\$\$		
L	No		219 44 4787	Roy R. Pittm	an S	ame as	13	
Г	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per	line for (a), (b), and (c)			78,	BETWEEN	MATE INTERVAL ONSET AND DEATH
l		TE CAUSE (0)	Mans	aren trav	None_		11.	Jears
ı	1 7 1 VI	DUE TO, O	R AS A CONSEQUENCE OF					
١	Conditions, if any, which	(b)					-	
ı	couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUENCE OF				1	
1		(0)	ANY DIRECTOR FATER	UT NOT RELATED TO THE TERM	AND DISTANCE OR COM	DITION CRIES	10101071	
١		CONDITIONS CC	ONTRIBUTING TO DEATH BE	UI NOI RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	I IN PART III	,
	2 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 COND	TION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	206 IF YES, V		
	NA I				YES NO	YES	NG CAUSES	NO [
1	210. ACCIDENT WAS UNDERLYING	110110	FINJURY M. MONTH DAY YEA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	(I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIR						
ı	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION STREET	CITY OF TO	JWN	COUNTY	STATE
ı	WHILE OF NOT WHILE OF AT WORK	-4-1-1		1,	01		-	
1	220.1 certify that (1) (this hasp	7	e deceased from	19		19	<u>e</u> /	that (II (we) last
١	saw the deceased alive or above, (I) (we) (did) (did n	ot) view the body	after death	and that in (my) (our) apinion	death accurred on the d	ate and hour a		
1	221 IGNATURE	1 1	1	DEGREE ATTENDING	/ MEDICAL STA	FF	22c DATE	SIGNED
4	TEPHYSICIAN'S NAME (TYPE	4	le	PHYSICIAN 2	DIRECTOR PHYSIC	IAN	1819	-112
1	A	OR PRINT)	III	100 x 11	11 0.0	1/2	4	1. 1
ŧ	rounce 1+	LARS		1012 Itom	ell ro	TOUR	Lonn	, ma
1	230 BURIAL, CREMATION, REMOVAL			Lawn Mem. Park	Hagers to	un black	COUNTY	n. Md.
1	Burial	8/24/1	tedar (Lawn Helli. Pdrk	TE RECID. BY REGISTRAR	20 PECISTRA	ADA SIGNAT	,
1	the many) (11	Maria	ADDRESS - 6	MOAUG 2	8 1987	Dundon	. Kandal	
L	record yx	VICAL	unical					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbanpapers. Fowih the State Dept of Health and Mental Hygiene prior ta burial, cremation, ar removal.

IMPORTANT: If frem 21 is morked or frem, 18 shows any injury, or other traumatic event, the

THE FIRST CHARLET SAME FRAME

THE ALL STATE OF THE STATE OF T

	I DEC	EASED NAME FIRST	ESHER POTTER	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
r deoth		ORPRINT) Ellis	Lesher	Potter	AUGUST	4 84 1230 AM
	3 SEX	ale	White	Jan 16 1902	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Dace 1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	
Fiedor	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION	GLIFET INDUSTRY
276	USUA 13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 13d INSIDE CITY LIMITS?	Sales Mange	DDE 21740
11		THER'S NAME	ington Hagerst	15. MOTHER'S MAIDEN NA	11741 Edgewo ME Kate	od Hill Circle Lesher
medico		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	sboro Md.
onpopers. removol. event, the		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), an D BY: IE CAUSE (o)	Cordiac arre	211	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
iof, cremotion, or r		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ougetive Ha	à goille	
njury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
Sword T	CERTIFICATION	198 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
em 18 shows	1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
med or Hem	MEDICAL	WHILE OCCURRED NOT WHILE OF AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased alive on	tol) ottended the deceased from	, 19, ond that in (my) (our) opinion	, to death occurred on the date and	, 19, that (1) (we) lost hour and from the causes stated
Dept.		226. SIGNATURE	O vies.	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	8/S/82
Z-		1				

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY 236. DATE 230 BURIAL, CREMATION, REMOVAL Green Hill Cemetery Way arstown, Md. AUG 1 0 1987 (SPECIFY) Burial 8-6-87

23d LOCATION Waynesboro

Hagerstown, Md. Coffman Funeral Home

Julia Davidor Budalla

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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Sales Manger Lege Works				
[17:1] Edgewood Hill Circle				
Eate Desher				
Foller Journales, Md.				
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		THE RESERVE		
The sale of the sale of the		dare, Inc	Lamontel	A.I. Ger Cuan

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 87 REGISTRAR REG NO 20. DATE KNOWN ECEASED NAME (TYPE OR PRINT) James ESTI-MERAL DIRECTORY FILES.

FOR YOUR FILES.
WITHIN 72 HOURS DEATH MATED 3 SEX 4 RACE & AGE (IN YEARS DATE OF BIRTH IF UNDER'T YR F UNDER 24 HRS 20 DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED DEAD 66 MALE WHITE TO BIRTHPLACE (STATE OF TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OF COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) MARYLAND DIVORCED TAIN PAGE 5 17h KIND OF BUSINESS ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION BLOCK CONCRETE MACHIN IST HAGERSTOWN 30 EAST TRVIN 13a STATE 113b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND HAGERSTOWN WASHINGTON YES X NO . 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE HOLMES **POTTS** VENETA ARLENE DAVID LALVIN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT MD -8866 STOUFFER AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALDN'S TO FUNERAL DIRECTOR PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PENMINATE, DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIETE BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause fast. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY JATHOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE NOT WHILE 22a I certily that I taak charge of the remains described above, held an Autapsy, Inspection and in my apinian death resulted fram: Accident Undetermined manner Natural causes SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 731. NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 236 DATE STATE REST HAVEN CEMETERY HAGERSTOWN MD 8-22-87 BURIAL BP. 07/84 25M 24 FUNERAL DIRECTOR POTOMAC ST. 25g, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** NAME MARYLAND (VR A15 ME (5)) GERALD

062066 AUG

Pages

antal Hygiene

and Mental

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. NO.		
Rash	20 DATE OF DEATH MONTH	- 3-87	26 HOUR
5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
MONTH DAY TOTER	60	MONTHS DAYS	HOURS M

SEX male white Sept. 13, 1918 76 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY

Oscar

USA

Washington

MIDDLE

MARRIED NEVER MARRIED DIVORCED [WIDOWED

BALTIMORE CITY OR COUNTY OF DEATH ashinaton

126 KIND OF BUSINESS INDUSTRY Managing Editor newspaper

Huber

CITY OR TOWN OF DEATH Hagerstown

Maryland

Maryland

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN Hagerstown

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

OTIN SUCH FACILITY, GIVE STREET ADDRESS)
Washington County Hospital

134 INSIDE CITY LIMITS? NOF YES K

130 STREET ADDRESS / ZIP CODE 1231 Glenwood Avenue 15 MOTHER'S MAIDEN NAME

MIDDLE

21740

14 FATHER'S NAME Oscar

22

STATE

A REGISTRAR LOECEASED NAME

TYPE OF PRINTS

Rash 166 SOCIAL SECURITY NO

Elise 17 INFORMANT

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATEST no

teorge

577-18-2811

Maxine B. Rash, Hagerstown, Md.

18. CAUSE OF DEATH (Enter only one couse per line por 10), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cancinoma Metastatic	SETWEEN ONSET AND DEATH CARROLL MOS
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OUT OF AS A CONSEQUENCE OF	//

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	none	
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEAT YES NO YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	THE PARTY OF THE P	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.)

211 LOCATION CITY OF TOWN

MEDICAL

COUNTY STATE

o. [certify	that (1) (this	hospital]	ottended	the c	eceosed	from_	
	sow the	that (1) (this deceased all	V- 011	8/	2/	87	_19	
	ahava (Diwe (did)	did nothing	out the be	du ali	a dooth		

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

22 DATESIGNE

22e ADDRESS

ATTENDING

PHYSICIAN

STREET

STAFF

230 BURIAL, CREMATION, REMOVAL burial 6,1987 Aug.

23c NAME OF CEMETERY OR CREMATO Rest Haven Cemetery

DEGREE

Hagerstown, Wash., Maryland

FUNERAL HOME 24 FUNERAL DIRECTOR MINNICH 415 E. Wilson Blvd., Hagerstown, Md. 21740

NOT WHILE

AUG 0 1087

DHMH - 16 60M 7/84

FUNERAL DIRECTOR.

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(VRA 15, 4)

AUE O G 198

M. M. Brand and A. Marian and

The reason that that commons

certificate

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIONATURE

0	6	3	5	0	3	1 - STATE AUE 21 RESSTRAR
V	0	9	V	U	J	I. DECEASED NAM

VERAL DIRECTOR. After this certificate has been signed by the ottending physic be detached for use as the burial-transit permit. Then please remove corban page 5 state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, it attending physician PITAL OR ATTENDING PHYSICIAN: by the hospital or attending physi

TO HOS	should b	with the	IMPORT	-
BP.		_	_	
HMHC V)	- 16 6 'RA 15			B4

24 FUNERAL DIRECTOR

ALIC	21	REDISTRAR				CERTIF	ICATE OF DEATH		REG.	NO.	19 10	1	
	I. DEC	CR PRINT)	Stan]	ey 64	Sten .	Ra	ASMUSSEN SMUSSEN	20 0	DATE OF DEATH	8 4	6 87	8 15 p	
1	3 SEX			1. RACE		5. DATE C			GE (IN YEARS LAST I		IF UNDER I YEAR	HOURS MI	
		Male		White		Apr	11 29, 194	3	Lift	YRS	DATS	MOOKS MI	
1		RTHPLACE (STATE OR	FOREIGN :	L CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIE	- 1 4	ALTIMORE CITY	OR COUNTY			
D		ryland		U.S.A	١.	WIDOWE			NASHIA	16-TON	COUN	TY	
7	10 CI	TY OR TOWN OF DE	ATH			ING HOME C	OR OTHER INSTITUTIO		USUAL OCCUPA			OF BUSINESS C	
1	Ha	gerstown			ton Cour		spital		ign Make			rch	
6		AL RESIDENCE (IF NURS	136 COUN	TY	GIVE RESIDENCE BEFO 13c. CITY OR TOV Hagersto	WN	134 INSIDE CITY LIM		STREET ADDRESS		2	1740	
100	14 FA	THER'S NAME					15, MOTHER'S MAIDE	ENNAME					
7		E. FIRST		anley	Rasmus	ssen	C. FIRST		Ruth	1	S	ellers	
10	16a V	VAS DECEASED EVER	IN U.S. ARA	AED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT			RESS			
	()	no or unknown)	(IF YES GIVE	WAR OR DATES)	217-42-8	3915	Mrs. C. Ru	uth Ra	smussen	Hager	stown,	Md.	
5		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (o), (b), o	pdecu		57			BETWEEN	XIMATE INTERVAL	
	9	PART I. DEATH V		BY E CAUSE (o)	Card	iac	arrex	Y					
	Z	Conditions, if ony gove rise to im couse (o), stotic underlying couse PART 2 OTHER SIG	mediate ng the e lost.	(b) DUE TO, O	R AS A CONSEQUENCE ON TRIBUTING TO	al UENCE OF UOU	gadu ua ⁹ 7 Ul NOT RELATED TO THI	udes te terminal	Cluded DISEASE OR CO	COLON GIVE	4 2	mos.	
9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20 Y				WERE FINDINGS USED NG CAUSES OF DEATH?	
9		210. ACCIDENT WAS UN	CAUSE OF DEA	IN .	M. MONTH	DAY YEAR	21c. HOW INJURY O	OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART I OR PART 2)		
	MEDICAL	21d INJURY OCCUR	RED HILE	21e PLACE	M. OF INJURY REET FACTORY OFFICE	19 E, FARM ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE	
		22a.1 certify that (el) attendéd th	ne deceased from	61	25 10	87	10. 7/6	3	10 8 7	, that (II (we) I	
		sow the decease	ed olive on.	7/1.	5 19	0-1-1	nd that in (my) (our) a	pinion death	occurred on the	date and hou	and from the		
		226. SIGNATURE	R-1116	01//	1 0 1 (2 1	DEGREE ATTEND		EDICAL ST	AFF	220 DA	E SIGNED	
		1224 PHYSICIAN'S N		PRINT	mid	7	22e ADDRESS	0,8	E. ANT	reta	Mai	2174	
-	22. 5			Table DATE	1000	NIAME OF C	EMETERY OR CREMA	TORY / To	3d LOCATION	WNI	6161	10/6	
		SPECIFY Buria		Aug.7,	1987 Be	eaver (Creek Cemet	tery	Beaver	Creek,	Wash.	, Md's	

Home, Smithsburg, Md., 21783

= D. (*** (***)

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062493

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

AUG	1	NAME Edward	Edu	Lund	RE	DMOND	8- 9	- 8	7	26 HOUR 5	
	3 SEX		4. RACE WHITE	1	DATEC		6 AGE (IN YEARS LAST B	PRTHDAY]	IF UNDER ! YEAR	IF UNDER 24 HR!	
5		RTHPLACE (STATE OR FOREIGN COUNTRY) A COUNTRY	USA		MARRIE! WIDOWE	D NEVER MARRIED D DIVORCED	J 9 BALTIMORE CITY	or county	OF DEATH	MD.	
20	He	eyerstown of DEATH	Avalon	Manor	DRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OR	
5	13u 5	TATE 136 COUNTY OF A COUNTY OF		134 CITY OR TOWN	w n	136 INSIDE CITY LIMITS?	Union Re	/ ZIP CODE	Missi	0x 685-	
11	14. FA	John	MIDDLE	Redmond		15. MOTHER'S MAIDEN N Fannie	3100IM		Cave		
1	1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	220-10-3		Dorcas Bl	ack, Hagers		Md.		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)		line for (a), (b), and (Imanery	4ment	42	BETWEEN O	MATE INTERVAL ONSET AND DEATH	
7	Z	Conditions, if ony, which gave rise to immediate couse iol, storing the underlying cause lost	(b) DUE TO, OF (c) CONDITIONS CO	R AS A CONSEQUEN R AS A CONSEQUEN DITTIBUTING TO DE	CE OF	C V A	rminal disease or coi	NDITION GIV	EN IN PART 1	min	
9	CERTIFICATION	Mad authorized 190 Date of Operation 190 CONDITION FOR WHICH OPERATION WAS PER					VAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO				
1	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY	YEAR 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN)	URY IN ITEM 18 P	PART 1 OR PART 2)		
	MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY SEET, FACTORY, OFFICE, FARA	M, ETC)	211 LOCATION STREET	C ITY OR T	OWN	COUNTY	STATE	
		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	7.	21, 18	2 . or	od that in (my) (aur) apinio	on death occurred on the	-		that (I) (we) lost couses stated	
,		226 SIGNATURE	TRATTE		n	DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	22c DATE	SIGNED	
		224. PHYSICIAN'S NAME (TYPE O		40		115 6 WAS	H. ST. HA	LERS	TOWN,	MD 2174	
	- 1	BURIAL, CREMATION, REMOVAL (SPECIFY) burial				emetery or crematory	CITY OR TOWN	town,	Wash.,	Marylan	
34		UNERALDIRECTOR MI NAME 415 E. Wilson B	NNICH F	UNERAL HOM		Δ11	G 1 2 1987	1 2	RAR'S SIGNAT		

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending in should be detached for use as the burial-transit permit. Then please remove carbinal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or temporation. IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic

TO FUNERAL DIRECTOR After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

			FOR - STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	2	4 5	6 0
64	35,3 SEP	D	RASED NAME	ichard		Clayton		REPP	20 DATE OF DEATH August		1987	26 HOUR 2:00 Pal
	4 mov	3. SI	Male		4. RACE	White	5 DATE C	07-1919 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY]	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
CCT I			COUNTRY) (STATE OR	FORE IGN	U.S.A	what country?	MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	BALTIMORE CITY O Washi		Y OF DEATH	MD.
9	10. CITY OR TOWN OF DEATH Hagerstown									ON F WORKING LI	126 KIND O INDUSTRY L'AITCH	of BUSINESS OR
MD 213	AS	USU 13a	STATE MD.	136 COUN Was	TY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN 13. INSIDE CITY LIMITS? 13. STREE 13. STREE 13. STREE					gerst	own, MD
MARYL	12/0	14. F	Bernard	C '	WIDDLE R	epp last		15 MOTHER'S MAIDEN NAM Goldie	MIDDLE	I	lann '^s	1
MORE			WAS DECEASED EVER YES. NO OR UNKNOWN)	IN U.S. AR	MED FORCES? E WAR OR DATES!	214-09-		17. INFORMANT Margaret F	Repp Rt. Repp			21740
N. PRESTON ST., BA	that the death certificate the the attending physic size remove carboningop all cremation, or removed it other traumatic events.	other troumatic eventual	Conditions, if ony gove rise to improve (o), stotic underlying couse	/AS CAUSEI IMMEDIAT which nediote ig the	D BY E CAUSE (a) DUE TO, O	Probable	acut NCE OF tenos	e myocardial : is , atherosc itus		cular	less	MATE INTERVAL DNSET AND DEATH Than I hi
A RECORDS, 20	he law requires on has been vigore sere prior to bur dws gay injury, s	TIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	206 IF YE	S, WERE FINDIN	NGS USED
VISION OF VITA	C PHYSICIAN T therefore physics or this centricore the two distrems and Membel Higgs and Adental Higgs and Adental Higgs	MEDICAL CER	21g ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DEA	HOUR A.	m. month da m.	19	216 HOW INJURY OCCURR 211 LOCATION STREET		IY IN ITEM 18		STATE
	ALOR ATTENDING THE NORTH OF THE		22a I certify that (I) saw the decrease above, (I) A SA 22b. SIGNATURE	(this heapti	view the bady	e deceased from_19	, or	d that in (my) (sur) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	te and hou		SIGNED
	OSFIT OFFAN OFFAN		Mary F	- ,	ev. M. I	D.	11/15	1708 Oak Hil			. 21740	

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

064353 SEP-187 AUG 3 1 1987 J. L. L. L. L. L. Spieces

24 FUNERAL DIRECTOR

John H. Bast, Jr.

Funeral Home Boonsboro, Md. 21713

Bast

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	9	2	0	

063505 AU	G12	STATE REBUSTRAR	DEPART	CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2 4 3	0 7	
3 75		CEASED NAME FIRST Marvir	Leon	RH	DDES	20. DATE OF DEATH August 19	MONTH DAY YEAR	26 HOUR 10:30A	
gr. 4. may ector, pop es uffer d	3. SE	ale	RACE White		of BIRTH ine 30, 1927	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS		
1/13	W	ashington Co., Mc		MARRI		Washingt		MD	
1100	W	illiamsport	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HANDLIN SUCK FACILITY, GIVE STREET DORESS)			126 USUAL OCCUPATION (The OF WORK FOR MOST GEWORKING LIFE) Shipping Clerk Garment Mf			
filled in hould be remust be	13g M		ington Give Residence Before William		YES NO E	Rfd. 3 Bo	ox 235 21	795	
Manual Community			eon Rhod		15. MOTHER'S MAIDEN NAM Josephin	e Elizab		ylor	
on ond c		VAS DECEASED EVER IN U.S. ARM VES NO OR UNKNOWN) LIFYES CIVE COT			David L. Rh	30 ⁰ 置 odes,Willi	Schurch St. amsport, Ma	Apt. 16	
equires that the deoth certificate is signed by the attending physics. Then please remove corbon poper to buriol, cremation, or removal.		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	CAUSE (a) CONSEQUENT (b) CONSEQUENT (c)	JENCE OF	I NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	10	
he low red	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?	
G PHYSICIAN: IT Ortending physician ortenting physicians is the buriol-tronsis and Mentol Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (# EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AL WORK AL WORK	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19	21c. HOW INJURY OCCURR 21f. LOCATION STREET	CITY OR TO		STATE	
TAL OR ATTENDIN y the hospital or grat DIRECTOR: At detached for use or tote Dept. of Health		22e.1 certify that (I) (this hospital to the control of the contro	view the body offer death. 19_		, 19	_ MEDICAL STAF	ote and hour and from the	ESIGNED	
TO HOSPITA reformed by 1 TO FUNERal should be de with the Stotel		Eric M. Wagsl	11	6-31	22e ADDRESS		erstown, Md.	21740	
BP		SURIAL, CREMATION, REMOVAL			ewn Mem. Park	23d. LOCATION CITY OR TOWN Hagerst	own, Wash.	Co., Md.	

250 AO BREED AN A BON AR 135 REGISTRARE SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

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18368			a guar	Link.	
	11 A. Herrson				
.eAoS .fe	sercen.			teri jest	

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE REGISTRAR DE EASED NAME TYPE OR PRINT!

T SEX

CERTIFICATION

MEDICAL

STATE OF MARYLAND

A K I M	CERTIFICATE OF DEATH	REG. N	6/10	~	9		
	Routzaha.	20 DATE OF DEATH	MONTH	DAY	ST.	26 HOL	JR G
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BE	RIHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	Feb. 16 1909 YEAR	78	YRS	MONTHS	DATS	HQUR5	MIN
rry?	8	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

Male		White		Feb.	16	1909		78	YRS			
70 BIRTHPLACE (STATE OR FO COUNTRY) Marvland	OREIGN	U.S.	A.	MARRIEI WIDOWE		EVER MARRIED DIVORCED		9 BALTIMORE CITY OF	COUNTY	OF DEATH	-1	٨
10 CITY OR TOWN OF DEA Hagerstown	ТН		OSPITAL, NURSING HEACHTY GIVE STREET A VIIIa Nur				1	12a USUAL OCCUPATION OF WORK FOR MOST OF MAINTENANCE		AIT C	raft	
USUAL RESIDENCE (IF NURSI 130. STATE Maryland	ng HOME OR 13h COUN Frede	other institution ity erick	GIVE RESIDENCE BEFORE	ADMISSION)	13d. IN YES	SIDE CITY LIMIT		136 STREET ADDRESS / 11026 East		Road/2	1773	
FATHER'S NAME FIRST		widdle ward R	loutzahn			THER'S MAIDE		Catheri	ne	Green		
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)			214-10-44	.07	-	ie Rout	zah	11026 Ea	sterda	y Road		
The second secon										APART OF THE	AATE INTERV	UAL

18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		to), (b) and (c).)	-met	y====================================	BETWEEN ONSET AND DEA
	TE CAUSE (o)	18 Alesta	C/18/51_		2
Conditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF	nce ossix	refire las	discre
gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A C	ONSEQUENCE OF			
gave rise to immediate cause (a), stating the)	- 00	ace essivi	active terry	ديد در دو

ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? ES T

				1 LO	14067	
OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NA	ATURE OF INJUR	Y IN ISEM IS
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
M IN HIRY OCCUPRED	21. PLACE OF INJURY		211 LOCATION			

COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE

DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR | PHYSICIAN

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 231. NAME OF CEMETERY OR CREMATORY Myersville Frederick Maryland Aug.19,1987 Mt.Zion U.Methodist

Myersville, MD 21773 Ricketts Puneral Home

Edward

4 RACE

PART I OR PART 21

063279 AUG

DEPARTMENT OF HEA	LTH	AND	MENTAL	HYGIE

20 PPR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HY HICATE OF DEATH	GIENE 8 /	2	4	5	1	1
1. DECEASED NAME (TYPE OR PRINT)	Emm		venna R		Russell	20 DATE OF DEATH	MONTH 8	DAY 14	VEAR	12	A.
3. SEX female		* RACE whit	е	S. DATE O		6 AGE (IN YEARS LAST BIRT	YRS	MONTH:		HOURS	24 HRS MINL
10. BIRTHPLACE (STATE Mary land	E OR FOREIGN	USA	WHAT COUNTRY?	8 MARRIE WIDOWI	ED DIVORCED	BALTIMORE CITY OF Washi	_		EATH		ME
10 CITY OR TOWN OF Hagerstow	n	Washin	gton Coun	ADDRESS)	or other institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF housewife	FWORKING		L KIND C IDUSTRY	OF BUSINE	SS OR
USUAL RESIDENCE 18 130 STATE Mary Land	136 COL		13c. CITY OR TOW Hagersto		134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / 209 Je	zip coi ffer	DE SON	St.	217	40
14 FATHER'S NAME FIRST Trebe		C.	Ernde		Eliza	J.		0	sbor	ne	
160 WAS DECEASED E (YES, NO OR UNKNOWN NO		RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECU 215-18-1		Edwin R. Rus	sell, III,		rsto	wn,	Md.	
Conditions, if gave rise to couse (o), s underlying c	IMMEDIA ony, which immediate tating the ause last.	DUE TO, O	r as a consequi		18108, and	enor pg	r an	the		MATE INTER ONSET AND	VAI DEATH
PART 2 OTHER 190 DATE OF OP					NOT RELATED TO THE TER/	200 AUTOPSY? YES NO	206. IF Y	res, WEI	RE FINDI	NGS USED S OF DEAT	H2

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED
210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	The same of the sa	21c HOW INJURY OCCURRE

P.M

21e PLACE OF INJURY

D (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) 211 LOCATION COUNTY

220 L certify that (1) (this sow the decease

and that in (my) (our) opinion death occurred an the date and have and from the causes stated

77% SIGNATURE

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

STATE

23a BURIAL, CREMATION, REMOVAL burial

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

Aug. 17, 1987

23¢ NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

DEGREE

Hagerstown, Wash., Maryland

MINNICH FUNERAL

Wilson Blvd., Hagerstown, Md. 21740

BEREEDEDRAR 256 REGISTRAR & SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18

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ST	AT	E	OF.	MA	RY	LA	NE

		- 20	2	4
2	4	3	/	L

3502 A	UG1	FOR STATE QUESTIRAR			DEPARTA	CERTIF	EALTH AND MENTAL HYG	GIENE 8 / 2	45/2
m E		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
100			Herbe	ert	Lee	1	Sanbower	August 17	,1987 M
atter. p	3.5	male		4. RACE Wh	ite	S. DATE O	of BIRTH arch 16,1914	6 AGE (IN YEARS LAST BIRTHDAY) 73	IF UNDER 1 YEAR IF UNDER 24 HRS
13		IRTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN	76. CITIZEN OF	what country?	8. MARRIE WIDOWI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Washington	OF DEATH MD.
20		Smithsbur	g	(IF NOT IN SUC	H FACILITY, GIVE STREET	DDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Carman	126 KIND OF BUSINESS OR
35	130	STATE Md.	13b. COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Smithsbu	N	YES NO X	Rt 3 Box 137	21783
210		John		MIDDLE	Sanbowe		15. MOTHER'S MAIDEN NA Margaret	t Ann	Shank
Fogs.	160	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	220-10-3		Mrs. Gladys	M. Sanbower Sm	ithsburg, Md.
11/2	Г	18 CAUSE OF DEAT PART I. DEATH V	H (Enter or	ly one couse per	line for (a), (b), and	dich			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	PARTI. DEATH V		E CAUSE Ia)	Teart	tacl	ure		1 wk
by the attends the remove cost cremation, or other traumori		Canditions, if ony gave rise to im couse (a), stati	mediate ng the	(b) C	RAS A CONSEQUE	te C	Paroleula	Duane	5 yrs.
her plea to burial ijury, or	NO	PART 2 OTHER SIG	NIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1:a
19	TIFICATE	90 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
and the	CAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DE	TH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART I OR PART 2)
h and M	MEDIC	21d. INJURY OCCUR		21e PLACE C	OF INJURY EET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	_ CTTY OR TOWN	COUNTY STATE
for use of Healt		220.1 certify that () we the decease bave (1) we (1)		tol) ottended the		e1 . or	nd that in (m) (aur) opinion	death accurred an the date and hour	ond from the couses stated
detacher detacher data Dept		Charle	3	= (4e.	n w.			MEDICAL STAFF DIRECTOR PHYSICIAN	8-20-87
mould be whostax		Charle		Hess	m.c)	Suc this	ung wed 217	13
- 1 5	23a	BURIAL, CREMATION ISPECIFY) BUI	REMOVAL	73b. DATE Aug. 20			emetery or crematory d Cemetery	23d LOCATION Ringgold Wash	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

PA FUNERAL DIRECTOR

AUG 21 1987

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9847285	Hamile				santaba auto
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			Server		
	ss. Moreur	WE-24600	Margain Poel,	er . mity.	L-LY-
				The section	5-11

letely filled in by item ineral director, page 3 at 2 should be filed within 72 hours after death

	STATE OF MARY
62747 AUG 14287	DEPARTMENT OF HEALTH AND
OF 1 4 1 What 4 devent	CERTIFICATE OF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

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10					

-		REGISTRAR		CERTIFICATE OF DEAT	IH	REG. NO			
		CEASED NAME FIRST	Arthur	LAST	20	DATE OF DEATH M	AONTH DAY	YEAR	26 HOUR
Y		Narr	7	Schnebly		65	8 8	8/	3 AMM
1	3. SE	x nale	4 RACE white	5 DATE OF BIRTH	YE AR	AGE (IN YEARS LAST BIRTH		NINS DATS	HOURS MIN.
1-11		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Oct. 30, 1908	9 B	ALTIMORE CITY OR	COUNTYO	FDEATH	
ou b		Country) Cennsylvania	USA	MARRIED NEVER MARR	CED	Washin		-	MD.
9		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUT	TION 12a	USUAL OCCUPATIO	N I		OF BUSINESS OR
1	2	VageRSTOWN	Washington Coun	ty Hospital	"	painting	WORKING (III)	II VOOSTKI	
	13a S	aryland Was		n 134. INSIDE CITY LI		STREET ADDRESS / 945 Maryla		e. 2	21740
exomine	14. F/	Arthur	Schnebly	15 MOTHER'S MA E11a		MIDDLE		Ang	
medica			/E WAR OR DATES)		1814 rna Be	Brightwood	öd Dr. Hager	stown,	-3030 , Md.
y injury, or other frout	TION	Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO			ITION GIVEN		
2 on 2	CERTIFICATION	RELIVER DE LE				YES NO	JN CERTIFYII YES	NG CAUSES	NO [
lor them 18 s	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- UNE ETHER NOTIFY MEDICAL EXAMINED		Y YEAR 19 211 LOCATION	YOCCURRED	ENTER NATURE OF INJURY		COUNTY	STATE
MPORTANT: If them 21 is morked or	~		ital) attended the deceased from 19	, and that in (my) (aur	9 Sil	to	, 19		
PORTANT		224 PHYSIGIAN'S NAME AND	1d124 hol	27e ADDRESS	SICIAN EST	AEDICAL STAFF	5/64/	130g	28月
≥ ***	bu	BURIAL, CREMATION, REMOVAL	Aug.11,1987 Fa	IAME OF CEMETERY OR CRÉM irview Cemete	ry	23d LOCATION Mercersbur	rg,	COUNTY	Pa.
7/84		UNERAL DIRECTOR MINNIC	CH FUNERAL HOME vd., Hagerstown,	Md. 21740	AUG 1	C'D. BY REGISTRAR 2		AR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cample should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pager, I, prowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

Funeral Home

Boonsboro, Md. 21713

Paul

B IF UNDER I YEAR 2b HOUR

126 KIND OF BUSINESS OR

Defense

IF UNDER 24 HR

STATE

MONTH

REG. NO.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1740 Edgewood Hills Apt. #202 21740 Brunner Beatrice ADDRES 710 Edgewood Hills

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [216 HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2]

CITY OF TOWN COUNTY

and that in (my) (our) opinion death accurred on the date and hour and Iram the couses stated

221 DATE SIGNED STAFF DIRECTOR PHYSICIAN

Smithsburg Crematory

Smithsburg, Wash. Co. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

John H. Bast, Jr.

064094 AUG 28-87ATE REGISTRAR

and the same

55 STORY WILLIAM WALL

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Regerators committee on Dourse Hospital Chiracher for coffeens Lord.

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office poolinged toy.

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dehm S. Hagt, Sr. Scorpage, no. 2412. Cold

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE /

S DISTRICK						REG					
DECEASED NAME	FIRST	٨	AIDDLE	L.	AST	20 DATE OF DEATH	HINOM H	DAY	YE AR	26 HOL	IR
[TYPE OR PRINT)	Ella	ı	lae	SE	AMAN	Augus		1987		4:1	ZAM
SEX	4	RACE		5. DATE C		6 AGE JIN YEARS LAS	TBIRTHDAY	MONTHS	R I VEAR	IF UNDER	24 HRS
female		wh		May	16, 1897		90 YR	S		HOURS	m Ird,
BIRTHPLACE (STATE			WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
Pennsylvar		U.S.		WIDOWE		Wash	ingto	n			MD
O CITY OR TOWN OF I		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET AI Dller Parl	DDRESS)	or other institution	126 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE					SS OR
JSUAL RESIDENCE (# N 30. STATE Maryland	136 COUNT	Υ	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Hagerstov	1	13d INSIDE CITY LIMITS?	13e STREET ADDRE	ss/zipci er Pai	ode rkway	21	740	
FATHER'S NAME					15 MOTHER'S MAIDEN NA						
Hiriam	M	DDLE	Reese	Ella	WIDDL			Dut	row		
YES, NO OR UNKNOWN		ED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	AD	DRESS	M -			
no	TIP TES, GIVE	VAR OR DATES)	214-09-94	401	Mrs. Alma M.	Ross, Sm	ithsbu	urg, l	MD.		
THE CALLES OF DE	ATH Constant		line far (a), (b), and						APPROXI	MATE INTER	VAL
Canditions, if a gave rise to cause (a), strunderlying ca	immediate ating the	(b)_	R AS A CONSEQUEN			of Left					
	IGNIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN	PART lic	2	
190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20%. IF	YES, WERE	FINDIN	OF DEAT	H?
	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR	PART 2)		
OR CONTRIBUTING [OF EITHER NOTIFY A 21d INJURY OCC WHILE NO AT WORK AT	URRED	21e PLACE (OF INJURY EET, FACTORY OFFICE FAI	RM ETC)	211 LOCATION STREET	CHYO	R TOWN	(0	UNTY	5	TATE
220 I certify that saw the dece abave, (1) (we	(I) (this hospito eased alive an_ e) (did) (did nat)		19	USU. on	id that in (my) (our) opinion	death occurred on the	e dote ond	nour and f	1	that (1) (s	
226 SIGNATURE	6	7 1	0.	MC	DEGREE ATTENDING	MEDICAL S	7.00	22	c. DATE	SIGNED	7
Dyn	P	10/	MI !	1		DIRECTOR PH	SICIAN [1/4	418	1
22d PHYSICIAN'S	T- NE	LAPI	MADS.	M	70 70 AK	DIRECTOR PHY		HAR	CI	418	NN
22d PHYSICIAN'S	J- DE	LAP 1 23b. DATE			220 ADDRESS AK 12	DIRECTOR PHY	MUC	HAR	CI	18	NA INTE
22d PHYSICIAN'S	J- DE DN, REMOVAL	23b. DATE Aug. 2.	5,1987 Res	st Ha	70 70 AK	DIRECTOR PHY 234 LOCATION CITY OR TOWN Hagerst	MUC own,				'nď
DW 22d PHYSICIAN'S DW W BURIAL, CREMATIC (SPECIFY) buria	T-DE IN, REMOVAL 11 MINN	23b. DATE Aug. 2.	5,1987 Res	st Ha	270 JOAK 10 20 JOAK 10 EMETERY OR CREMATORY Ven Cemetery	DIRECTOR PHY 234 LOCATION CITY OR TOWN Hagerst	own, l		SIGNAT		'nä

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, If them 21 is should be detached for with the State Dept. of

THE S & OUA.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

injury, ar other traumatic event, the

062350 AUG

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

245/6

P	87TATE REGISTRAR			DEP	PARTMENT O	F HEALTH	E OF DEATH	IACIENT	E 2	4 :	5/	0	
	DECEASED NAME	FIRST		WIDDLE		LAST		26	DATE OF DEATH	MONTH	DAY YEA	R	26 HOUR 6
		JOSEPH		KENNET	'H	SHAN	IER		Augi	UST (6, 198	7	A A
3. 3	SEX	4	RACE			E OF BIRT	H	6 A	GE (IN YEARS LAST BIR	THDAY	IF UNDER 1 Y	_	IF UNDER 24 HRS HOURS MIN
1	MALE		whi	te	Aug	gust	20,1912		74	YRS	MONTHS D	AYS	HOURS
70.	BIRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUN	VTRY? 8	PIED X	NEVER MARRIED	9 B	ALTIMORE CITY	OR COUNT	TY OF DEAT	н	
	Maryland		USA		WIDO		DIVORCED [WASHIN	NOTE			M
10	CITY OR TOWN OF DE	EATH 1			URSING HOM	EOROTH	ER INSTITUTION		USUAL OCCUPAT				BUSINESS OR
L	Hagerstown		Wash	ington	County		pital		yardmaste				road
136	Maryland	136 COUNT	ther institution Y ington	113c CITY OF	EBEFORE ADMISSION R TOWN TSTOWN	13d II YES	NSIDE CITY LIMITS?	? 13e	STREET ADDRESS 329 Devor	nshire	e Road		21740
14	FATHER'S NAME	4.0	DDLE	LAS	,	15 M	OTHER'S MAIDEN N	NAME	WIDDLE		0.000	LAST	087710
1	George	F.		Shaner			Nellie		Dice		Mille		
160	WAS DECEASED EVE	R IN U.S. ARM		166 SOCIAL	SECURITY NO	D. 17. IN	IFORMANT	32	9 Devonst	fire I	Rd. 7	33-	9028
	no	(* 123, 3112 1	AN ON DAILS	705-1	2-7384	F	rances E.	. Ha	rtle, Hag	erst	own. M	d.	
	18 CAUSE OF DEA	ATH Enter only	one couse pe	line for rail f	b), and ic								ATE INTERVAL
NO		ting the se lost	((c)		G TO DEATH B		RELATED TO THE TER	RMINA	L DISEASE OR COM	IDITION G	IVEN IN PAR	T 1(o	
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR W	HICH OPERA	TION WA	SPERFORMED	7	06 AUTOPSY?	20b. IF Y	ES, WERE FIN	VDINO	OS USED
							10.7)	res No No		YES 🗌	363 0	NO [
		CAUSE OF DEATH			H DAY YEA	21c l 9	HOW INJURY OCCL	URRED	(ENTER NATURE OF INJU	JRY IN ITEM 18	I, PART 1 OR PART	2)	
MEDICAL		WHILE O		OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC.		OCATION STREET	w	CITY OR TO	WN	COUNTY		STATE
	226.1 certify that (saw the decea	osed olive on (did) (XXXX	UQUST	deceased f	5277		in (my) XXX opinio	on deat	to AUGUST	6 lote and ha	, 19 87 our and from	, th	not (I) (%) loss ouses stated
	226. SIGNATURE	0		1	TOPE	DEGRE			50.541		22c. D	ATE S	IGNED
	Colu	vand	W. X	titte	aug ?	7	ATTENDING PHYSICIAN	i 🕇 👸	RECTOR PHYSI		Aug	. 7	7, 1987
	22d. PHYSICIAN'S N	NAME (TYPE OR P	RINT)			22e .	ADDRESS 217	WES	T WASHING	TON	STREET		
_	EOWARD	W. DATT	0, 111	, M.D.			HAGE	ERST	OWN, MAR	YLAND	21740)	
230	BURIAL, CREMATION	, REMOVAL	23b. DATE	setti.			RY OR CREMATOR		23d. LOCATION CITY OR TOWN		COUNTY		STATE
L	burial			0,1987		Have	n Mausole		Hagersto				
24	FUNERAL DIRECTOR		ICH FUI					ATE REC	O 1007	25b. REGIS			
-	415 E. Wil	Lson Bl	vd., Ha	agerst	own, Mc	1. 21	740	00 1	0 130/	1	and a second	. 8	

August 6, 1,001 1120 712 MHZ RMTD HATEM MOTERINEA BRADY JAPAN SE EAST OF FASE THE WARREN - LIET UPPER LORGE - I WEEK TURVA AUGUS V. LISHE TREAT POTARIHON TRAVELL. THAT . HITTO. III. ... ALE TOWN A CONTENTS

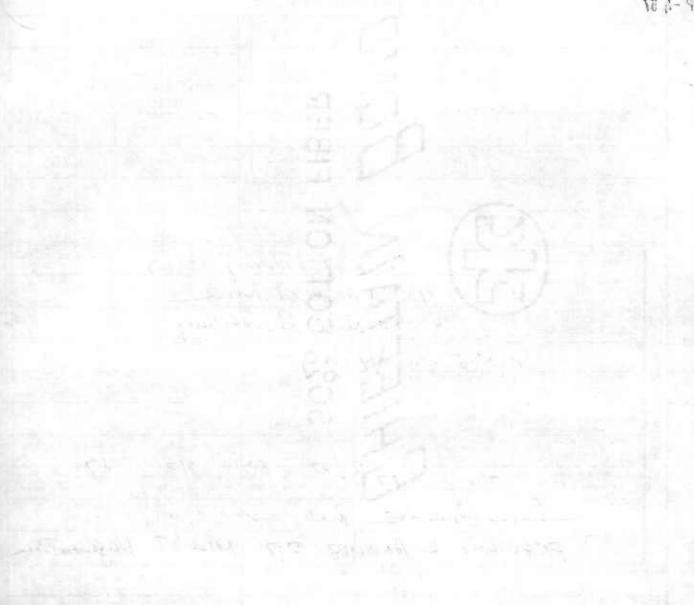
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

064760 SEP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

-	87	STATE REGISTRAR			OLI ANTI	CERTIF	ICATE OF DEA	TH	100	G. NO.		E .	
		CEASED NAME	FIRST		MIDOLE		AST		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
	(tire	ON PRINT!	Paul	Ra	nkin	SH	ANK		Augus	t 29,	1987	M	
	3. SE>	K		4 RACE		5. DATE			6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS	
	3	male		white		Tri 1 v	24, 190		84 YRS	MONTHS DATS	HOURS MIN.		
-		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CI					
1		arvland		U.S.A	1	MARRIE	ED NEVER MARRIED NORCED D			Washington			
4		TY OR TOWN OF D	DEATH	11. NAME OF	OF HOSPITAL NURSING HOME OF OTHER INSTITUTIO				120 USUAL OCCUPATION 126 KIND OF BUSINESS				
	- 12	agerstown			H FACILITY, GIVE STREET		1100		enginee		industry rail	road	
	13a S	AL RESIDENCE (IFN	136 COU		GIVE RESIDENCE BEFORE		138 INSIDE CITY	LIMITS?	13e STREET ADDRE	SS / ZIP CO	DE 2.1	740	
	Ma	aryland	Wash	ington	Hagerst	own		*		3, Box		740	
21	14. FA	THER'S NAME		MICOLE	LAST		15. MOTHER'S MA		AE MIDD	116	LAS		
И	No.	Harvey			Shank		Emma		71100			bert	
		VAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT		At	DDRESS	D110		
	14	no or unknown)	(IF TES GI	VE WAR OR DATES)	705-10-5	218	Mrs. Joh	Ann By	vers. Hag	erstow	n, Maryl	and	
		18 CAUSE OF DE	ATH Enter a	nly ane cause per	line for (a), (b), any		,		, or or	CIOCONI		MATE INTERVAL ONSET AND DEATH	
		PART I. DE ATH	WAS CAUS	ED BY		ac	Cie Hul	nien	us a	west	ac i well in	ONSCI AND DEATH	
			IMMEDIA	TE CAUSE 10)			1_	- /	. 1				
	18	Candisians if a		DUE TO, O	R AS A COMPTOU	NCE OF	deed a	IT h	and				
	144	Conditions, if o	immediate	ıb)	11	0		0	· · · · · ·				
9		underlying co		DUE TO, O	R AS A CONSEQUE	DEEL	Lul &	disv	Afri Cure	7	10 10 -9		
	13	2.22.0.03.452.6		(c)	SUPPLY			Ų					
	CERTIFICATION	PART 2 OTHER S	IGNIFICANT	arati	ONTRIBUTING TO	DEATH BUT	Cercy	THE TERMI	INAL DISEASE OR C	ONDITION G	SIVEN IN PART 1	a	
1	CAT	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED	
	TIFE								YES NO		YES [NO [
1	CER	210 ACCIDENT WAS		216 TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW INJUR	YOCCURR	ED (ENTER NATURE OF	INJURY IN ITEM I	8 PART (OR PART 2)	THE TOTAL	
	CAL	OR CONTRIBUTING		AIR		19	2010						
	MEDICAL	21d INJURY OCC	URRED	21e PLACE	OF INJURY		211 LOCATION		City	OR TOWN	COUNTY	STATE	
	×	AT WORK NOT	WHILE WORK	(AT HOME, STR	REEL PACIONY OFFICE P	ARM EIC)	1	0.5		1 -	C-		
	531	220 I certify that	(I) (this hosp	utal) attended th	e deceosed from_		0/27	9 00	2.10 71	13	. 190	that (l) (we) last	
		sow the dece	eased olive or	of I view the body	19	1/,0	nd that in (my) (ou	r) opinion d	leath occurred on t	ne date and h	aur and from the	causes stated	
		226 SIGNATURE	M)	bij view the body	Offer death.		DEGREE		/		224 DATE	SIGNED	
		~	4	contle	tredust	2_	JU DATTE	NDING -	MEDICAL DIRECTOR PH	STAFF			
+	2.7	224 PHYSICIAN'S	NAME TYPE	OR PRINT)			22e ADDRESS	SICIAIV [J DIKECTOR LA FR	C	. /		
			PRI	spusc	e Le le	HORE	108 3	312	MILL	5/.	Hageist	on / Buen	
		SURIAL, CREMATIO	N, REMOVAL	236 DATE	23€ 1	NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION	N	COUNTY	STATE	
		buri		Sept.1	,1987 R	est H	aven Ceme	etery	Hagerst		ash. Ma	ryland	
	24 FL	INERAL DIRECTOR	MIN	NICH FUN	ERAL HOM			25a DATE	REC'D BY REGIST	RAR 256 REGI	STRAR'S SIGNAT		
	41	5 East W	ilson	Blvd.,Ha	gerstown	, Mar	yland 217	740 SE	-P3 198	Aulia	Dinden:	Pondalle	

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

- 1								REG. NC				
-		CEASED NAME	FIRST	Flor	errce	_	ASI	20 DATE OF DEATH	MONIH DAY	YEAR	26 HOUR	
1	1,,,,,	LETH	A	F		SHA	PTZER	Auc	2457 2	1187	103	
	3. SEX			4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER 1 YEAR	# UNDER JAHRS	
		female		whit	e j	Dec.	18, 1899 YEAR	87 *	YRS	DATS	HOURS MIN	
		RTHPLACE (STATE ORE	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MAPPIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
Š	M	aryland		USA		WIDOWE		WASHIN	GTON	r	MD	
)	,	OR TOWN OF DEA			H FACILITY, GIVE STREET AD		DR OTHER INSTITUTION	170 USUAL OCCUPATION (IMPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife				
1	13a S		136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /				
		aryland	Washi	ington	Hagersto	wn	YES 🔀 NO 🗌	240 S. Pc	tomac S	t.	21740	
1	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST		
		Harry	S.		Middlekau:	ff	Eva	C.	Wo1	fenst	perger	
à		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECUR	ITY NO	17 INFORMANT	ADDRE	SS	1900		
B	n		(# TES GIV	E WAR OR DATES)	216 22 8.	567	John E. Bree	den, Boonsb	oro, Md			
-	1	18 CAUSE OF DEAT	H :Enter on	ly one couse per	line for 101, (b), and	2 *				BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PARTI. DEATH W		E CAUSE (o)	Caro	glac	Arrest			Min	•	
				DUE TO, OF	R AS A CQUSEOUEN	ICE OF .						
		Conditions, if ony,		(b)	Nephi	roti	c Syndrome					
		gove rise to imr		DUE TO OF	R AS A CONSEQUEN	ICE OF						
		underlying couse		(5)	KAS A CONSCOURT	CE OI			- 100			
		PART 2 OTHER SIGN	VIFICANT O	ONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN II	V PART 1 c		
	NO)isease	-	rs					
5	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WE			
71	F	none						YES NOT	IN CERTIFYING	CAUSES	NO [
	CER	710. ACCIDENT WAS UNE	DERLYING _				21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 21		
2	AL	OR CONTRIBUTING		SIM .	M. MONTH DAY	YEAR				-	-	
	MEDICAL	71d INJURY OCCUR		?le PLACE (17	71f LOCATION					
	ME	WHILE NOT WH			none	RM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
		22s I certify that (1)		tal) attended the		940115	SE 10 19 87	10 August	2/ 10	82	That (I: (we) lost	
		sow the deceose	ed olive on	AUQUSE	21 19 82	yd or	nd that in (my) (our) opinion o			from the	causes stated	
		27b. SIGNATURE	did) (did no	The body	ofter death.		DEGREE	1 1 1 1 1 1 1		72r. DATE S		
		M	NZ	ed p	10		ATTENDING .	MEDICAL STAF	F	8-2	4-87	
7		27d PHYSICIAN'S NA	AME TYPE	O PRINTI						,		
		William	W	Lesh M			Pil Divesio		Hage	rsto	wn, Md	
	23a B	URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	73d LOCATION CITY OR TOWN	co	UNTY	STATE	
		urial				em Re	eformed Cem.	Hagerstow				
	24 FU	NERAL DIRECTOR	MINNI	CH FUNE	RAL HOME		25a DATE	REC'D. BY REGISTRAR	756. REGISTRAR	5 SIGNATI	URE	
	4	15 E. Wils	on Bl	vd., Ha	gerstown,	Md.	21740 AUG	2 7 1987	Willia Tim	- 0		
										month	-ALLE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is

ally C buseaud 'agents' \$6--a-b 064759

STATE OF MARYLAND

4	87	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE	2 4 REG. NO	5 /	
/		CEASED NAME FIRST OR PRINT! Ethe	Mai	rie	Ship	olev	20 DATE OF Augu		DAY YEAR	7:10 PM
	3 SEX		4 RACE White		S. DATE O		6 AGE LINYE	ARS LAST BIRTHDAY) 7	MONIHS DAYS	IF UNDER 24 HRS
>	C	RTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	LICA	VHAT COUNTRY?	MARRIE!	D NEVER MARRIED D		shington	ITY OF DEATH	MD.
7		Hagerstown	Washi	reston Cou	nty E	ROTHER INSTITUTION ROSpital		CCUPATION FOR MOST OF WORKING EWIFE		F BUSINESS OR
)	13a. S	Maryland Wa		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hagerst	١ ١	136 INSIDE CITY LIMITS? YES NO 🛣	Rt 6	DDRESS / ZIP CO	21740	
1) -	John	WIDDIE	Mathr	na	Florence		MIDDLE	Sim	ons
1	[7	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (# YES	. ARMED FORCES? S GIVE WAR OR DATES)	220-05-6		Linda Kucz	inski,	ADDRESS Hagersto		
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR DUE TO, OR DUE TO, OR	AS A CONSEQUE	10 R	ESPIRATORU ZESPIRATUR (SEMA CHO NOT RELATED TO THE TERM	UNIC	REST WRE BRONCH	1/11	MATE INTERVAL DNSET AND DEATH
1	CERTIFICATION	196 DATE OF OPERATION				N WAS PERFORMED	20a AUTO	PSY? 20b. IF	YES, WERE FINDING TIFYING CAUSES	NGS USED
1		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	F DEATH HOUR A.A	A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM	18 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET FACTORY, OFFICE FA	ARM ETC	211 EOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (I) (this has seen the december of the property of the certific of the cert			, or	DEGREE	deoth occurred		hour and from the	couses stated

IMPORTANT: If them 21 is marked or them

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL burial Sept.3,1987

231 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

Howell RO

Hagerstown, Wash., Maryland

24 FUNERAL DIRECTORMINNICH FUNERAL HOME Wilson Blvd., Hagerstown, Md. 21740

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Adia Timbon Pardalle SEP 3 1987

529

0	6
MARYLAND 21201	
BALTIMORE,	
PRESTON ST.,	
×	

requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician

BP.

ettending physician and camperely filled in by the funeral direction, page 300 men carbon papers. Pages 1 and Asharid be filed within 72 hours after death 55 men and a removal

notic event, the medical example

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

5 8 2

+ ZE (GISED NAME FIRST	Gladys	MIDDLE B	Shi	st Shockey Ockey	REG. 1 20. DATE OF DEATH	MONTH 8	DAY YEAR	26 HOUR
3. SE)	x Female	4 RACE Whit		S. DATE OF	BIRTH JAY 1934	6 AGE (IN YEARS LAST B	YRS.	# UNDER 1 YEAR	IF UNDER 24
	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.		WIDOWED		BALTIMORE CITY Washingto	n Cour	aty	
S	mithsburg	R. D.	Box 2	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Teller			of Business
13a S			130 CITY OR TOW Smithsbu	rg	134 INSIDE CITY LIMITS? YES NO M	13. STREET ADDRESS R.D. 3	Box 2		783
14 FA	ATHER'S NAME FIRST Mahlon	MIDDLE	LAST Brown		15. MOTHER'S MAIDEN NAM FIRST Viola	MIDDLE .		Toms	51
	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	217-32-6		J. Richard S		ress R.I 1thsbu	o. 3 Bourg, Md.	× 201 2178
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY	r line for (a), (b), and	dic.	-(10-90)	al lun	Q	BETWEEN	MATE INTERVAL ONSET AND DEA
62	Conditions, if ony, which gave rise to immediate couse 101, stating the	(b)_	DR AS A CONSEQUE	-					1
NO!	Conditions, if ony, which gave rise to immediate couse 101, stating the	DUE TO, C (b) DUE TO, C	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	IVEN IN PART L	0
TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C	DR AS A CONSEQUE	ENCE OF		IN AL DISEASE OR CO	20b. IF YE	IVEN IN PART TO	NGS USED
CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. COND 21b. TIME C HOUR A	OR AS A CONSEQUE	DEATH BUT N	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDI IFYING CAUSES (ES []	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. COND 19b. COND HOUR A NER) 21b. TIME (HOUR A	OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT NO PERATION AY YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YE IN CERT Y	ES, WERE FINDI IFYING CAUSES (ES []	NGS USED S OF DEATH?
	Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ON CONTRIBUTING ON CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A HOUR A P 21c. PLACE (AT HOME S)	OR AS A CONSEQUE ONTRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY OF INJURY IREEL FACTORY, OFFICE, F	DEATH BUT N OPERATION AY YEAR 19 FARM ETC)	21t HOW INJURY OCCURE 21f LOCATION STREET 19 d that in (my) (aur) opinion of	200 AUTOPSY? YES NO STED (ENTER NATURE OF IN.	20b. IF YE IN CERT Y JURY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (ES PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH? NO STATE
	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK 220.1 certify that (1) (this had sow the deceased give above. (1) (we) (did it did 22). SGNATURE	DUE TO, CO (b) DUE TO, CO (c) T CONDITIONS C 19b. COND 19b. COND 19b. COND 21b. TIME CO HOUR A P 21c. PLACE (AT HOME SI 21d. PLACE (AT	OR AS A CONSEQUE ONTRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY OF INJURY IREEL FACTORY, OFFICE, F	DEATH BUT N OPERATION AY YEAR 19 FARM ETC)	211 LOCATION STREET 19 d that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO SED (ENTER NATURE OF IN. CITY OR death occurred an the	206. IF YE IN CERT Y JURY IN ITEM 18 TOWN date and ho	ES, WERE FINDS IFYING CAUSES (ES	NGS USED S OF DEATH? NO STATE
MEDICAL	Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ON CONTRIBUTING ON CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b. COND T CONDITIONS C 19b. CONDITIONS	ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTING TO E ONTRIBUTING TO E OF INJURY INSET FACTORY, OFFICE, F A COS INJURY INSET FACTORY, OFFICE, F OF INJURY INSET FACTORY, OFFICE, F	DEATH BUT N I OPERATION AY YEAR 19 FARM ETC.)	21t HOW INJURY OCCURR 21f LOCATION STREET 19 d that in (my) (aur) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NO SED (ENTER NATURE OF IN. CITY OR death occurred an the	206. IF YE IN CERT Y JURY IN ITEM 18 TOWN date and ho	ES, WERE FINDI IFYING CAUSES (ES PART 1 OR PART 2) COUNTY	NGS USED S OF DEATH? NO STATI

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has be should be detached for use as the burial-transif permit the State Dept. of Health and Mental Hygurer or



Natural R. D. 3 Rox 202 - Caller - Caller - Sank

Naryland 1.8.4. Naryland

Maryland Marblagton Bultunburg & R.P. 3 Box 201 21763

Making d. Tour Viole . Tour

217-32-5551 J. Richard Backey Labourg, Md.

62063 AUG -8 87 REGISTRAR

rector, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 4 5 8

REG. NO

		CEASED NAME	FIRST	۸	AIOD(E	- 1	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	TYPE	OR PRINTS	argare	et Jos	ephine	Shou	ıp	August	2, 1987		early
	3 SEX		1	RACE		5. DATE C		6 AGE IN YEARS		II UNDER I YEAR	11 UNDER 24 HRS
		Female		White		Janua	ary 14, 1920	6	7 YRS	MONTHS DAYS	HOURS MIN.
-		RTHPLACE (STATE OR F	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
2		Hagerstown	n, MD	USA		WIDOWE		Washing	gton		MD.
5		TY OR TOWN OF DEA	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A INWOOD RO	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCC (1YPE OF WORK FOR mechan	MOST OF WORKING L		PF BUSINESS OR
di	W5U/	AL RESIDENCE (IF NURS		THER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)				. 0	7777
	13a. S	Maryland	Wash	ington	Hagerst		134 INSIDE CITY LIMITS?		RESS / ZIP CODE		14-0
	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
		(unknowi		NOOLE	rmstrong		Daisy	MI	(un	known)	
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
	{4	No No	(IF YES, GIVE	WAR OR DATES)	215-14-2	2635	Clarence M.	Shoup	1012 L	inwood 1	Road
		18 CAUSE OF DEAT	H Enter only	y one couse per	line for (a), (b), and	ficus				APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		BY: CAUSE (a)	Pu1	monar	y Embolus				
3	C.				R AS A CONSEQUE						
		Conditions, if ony,	which	(b)_	AS A CONSEGOE	TTCE OF					
J		gave rise to imm	nediote)	R AS A CONSEQUE	NCE OF					J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
V	90.1	underlying couse	lost	(6)	A C O I S C O C						
j.	1	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION GIV	VEN IN PART 1	
	ON				Diabetes	, Hyp	ertension				
	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI			N WAS PERFORMED	200 AUTOPSY		S, WERE FINDIN	
	RTIF							YES NO		ES 🗌	NO 🗆
)		OR CONTRIBUTING		HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDI	CALEXAMINER)	P./		19					
	MEDICAL	21d INJURY OCCUR!		21e PLACE C	OF INJURY BET, FACTORY OFFICE, FA	ARM ETC)	211 LOCATION STREET	CII	TY OR TOWN	COUNTY	STATE
		AT WORK AT WO	RX				241001020				DETECT.
		22a.l certify that (1)					. 19	, to			that (we) last
		sow the decease	ed olive on _	view the body	ulter death		nd that in (my) (our) epinion	deoth occurred on	the date and hou		
		226 SIGNATURE	10/1	no	1201	1	ATTENDING	MEDICAL	STAFF	22c DATE	SIGNED
			18/1	112	MODEL &	2/0/	PHYSICIAN [DIRECTOR		Aug	gust 3,198
		Howard			D. 0		22e ADDRESS 580 Nor	thern Av	ve. Hage	rstown,	Md.
	230 B	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE
		Burial	1100			Cedar	Lawn Mem. Pa	rk	Hagersto	wn, Was	h, Md.
	24 FU	NERAL DIREMINE	ich Fu	neral H	lome AODRESS		25 Ai U	DRIGION 198	PAR 29 HECHS	TAMBIE CHIMIT	Stratuck
		415	E. Wil	son Blv		Md.	21740				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept of Health and Mental Hygiene prior MPORTANE. If Hem 21 is marked or Hem 18 shows on

111600 mil jour pour padente

the medico

injury, or other troumotic event,

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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14 049	SISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
I. DECEAS		FIRST	-	MIDDLE	1	AST	2a DATE OF	DEATH MONTH	DAY Y	EAR	26 HO	JR .
ITYPE OR PRI		lliam	Dor	ald	Shi	app		8/	2/87		7:05	ам
3. SEX		4	RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER	_	IF UNDE	
1	Male		Whit	е	MONTH	105 DAY 03 YEAR 1		56	MONTHS	DAYS	HOURS	MIN,
	LACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMOR	E CITY OR COU	NTY OF DEA	TH		
Mar	yland		U.S.A	. 3 3 6 4	WIDOWE		Was	hington				MD.
	r TOWN OF DEAT	TH 11	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET IN EYN MARYL	G HOME (OR OTHER INSTITUTION	12a USUAL O	CCUPATION FOR MOST OF WORKE dian	NG LIFE) 126 K	IND OF	BUSIN	ESSOR
USUAL RES 130. STATE Md.		IGHOME OR OT 136 COUNTY Wash		ONE RESIDENCE BEFORE 131. CITY OR TOWN Smithsbu	N	13d INSIDE CITY LIMITS?		DDRESS / ZIP C		217	83	
M. FATHER	'S NAME	44.00	DIE	LAST		15 MOTHER'S MAIDEN NA	AME					
	Andrew	Mil	DIE.	Shupp		Bertha	M	ay	5	stal	ey	
	DECEASED EVER II	U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	-			
no		TIP TES, GIVE W	AR OR DATES)	214-32-2	2552	Ida Mae Pe	pple Sm	ithsburg	,Md.			
gov	nditions, if any, we rise to immerse (a), stating derlying couse	ediate the last.	(c) <u>P</u>	wxxxxxxxxx leural ef	hear KXXX fusio	on, right; pu			GIVEN IN PA	ART 110		
NO.												
CERTIFICATION 190 D	ATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTO	PSY? 20b. IF IN CE	YES, WERE I	USES (GS USE OF DEA	TH?
ORC	ACCIDENT WAS UNDE ONTRIBUTING CA EITHER NOTIFY MEDICA	USE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEM	18 PART I ORPA	ARI 2)		
AT WO	ORK AT WORK	E -		EET, FACTORY, OFFICE, FA		211. LOCATION STREET		CITY OR TOWN	COUN	4TY		STATE
	certify that (K) saw the deceased abave, (1) (di	d alive on	8/2/	e deceosed fram	01/28	3/87 nd that in (my) (教教 opinian	death occurred	8/2/ on the date and				we) lost ated
22b. :	SIGNATURE PHYSICIAN'S NA	Delle ME LIYPE OR PR	nee	Un	m	ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIANX			3/87	
	Fe U. Po	rciunc	ula, M	.D.		1500 Penns	ylvania	Ave., H	agerst	own	, Mc	1.
							-					$\overline{}$

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and is should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

Buria

Aug. 6, 1987

Smithsburg Cemetery

Smithsburg,

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AUG 1 3 1987

Julia Devidon Parlace

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E8713	4. 2, 10.550		and Simone's		rinn	. L
201	lby					MOTORA
	Kintuoanyimo olg	da rice on	1 - 22-25-00-	- 15		Df)
					11	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or offending physician

063664

hy 72 hours after death

STATE OF MARYLAND

2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4		STATE REGISTRAR			ICATE OF DEATH	REG. NO	
	DE	REGISTRAR CEASED NAME FIRST	MIDDLE	0	AST	20 DATE OF DEATH MO	
		Eileen	V		cr		(011 12,130)
3	I. SEX		4 RACE	S. DA E		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DATS HOURS
		EMALE	WHITE	APRI	L 3° 1908°	79	YRS
	. 6	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUR	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR C	
4	_	ARYLAND	U.S.A.	WIDOWE		WASHINGTON	
1	H	AGERSTOWN	WASHINGTON C	OUNTY HO		(1YPE OF WORK FOR MOST OF WO HOMEMAKE	ORKING LIFEL INDUSTRY
	Days M	AL RESIDENCE (IF NURSING HOME STATE 136, CO ARYLAND WAS	OR OTHER INSTITUTION GIVE RESIDENCE UNITY OF HAGER		13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZI	P CODE 2174
1	1 1.	WILLIE G	RANT NICODE	MUS	FLORA	WE	SPRINGER
N.		VAS DECEASED EVER IN U.S.	COST 11110 CD C 12551	L SECURITY NO.	17. INFORMANT	ADDRESS	
L	,,	YES NOOR UNKNOWN) (IF YES	[214-0	9-4308	CHLEO S. HO	OVER 303 GREE	NDALE DR. HAG. MI
		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON		Sotic Hear	4 Descare	
	TION		t CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	146	
7	RTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION 196 CONDITION FOR V	IG TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 21 YES NO	ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO
1	CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN	196 CONDITIONS CONTRIBUTION 196 CONDITION FOR V 196 TIME OF INJURY HOUR A.M. MONT	OF TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 21	ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196 CONDITIONS CONTRIBUTION 196 CONDITION FOR V 196 TIME OF INJURY HOUR A.M. MONT	MHICH OPERATION H DAY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY? 21 YES NO	ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO
	_	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b CONDITIONS CONTRIBUTION 19b CONDITION FOR V 19b TIME OF INJURY HOUR A.M. MONT P.M. 11e PLACE OF INJURY	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 23 nd that in (my) (our) opinion DEGREE	200 AUTOPSY? 21 YES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN 10 12 depth occurred on the dote	Ob IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO COUNTY STA COUNTY 19 19 19 128: DATE SIGNED
7	MEDICAL	PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 27a.1 certify though Sow 1) F decayed obvectory (1) (we) [did] (did)	IT CONDITIONS CONTRIBUTION IPS CONDITION FOR V IPS CONDITION F IPS CONDITION F IPS CONDIT	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.) from 3600	21c. HOW INJURY OCCUR 211 LOCATION STREET 19 23 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? 21 YES NO RED (ENTER NATURE OF INJURY IN	OB IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please remaint the State Dept. of Health and Mental Hygiene prior to burial, certified.

Aug 2.4 Sept. Line Aug 2.4 Sept. Line Alleren Mills

700					STATI	OF MARYLAND		A 5	- a	1
	1.	FOR LUTHER EL	LSWORT	H DEPART		EALTH AND MENTAL	HYGIENE	2 4	30	T
163500 AU	21	REPSTRAR SILVER	S		CERTIF	ICATE OF DEATH		REG. NO		
		EASED NAME FIRST	-	Em aut	7.1	AST	2a DATE	OF DEATH MONTH	DAY YEAR	26 HOUR
page 3		Luther	E115	WORTH	0111	ners		8/15	187	6/ M
a d .	3. SEX	4 .	4 RACE		5. DATE C		6 AGE	IN YEARS LAST BIRTHDAY)	FUNDER TYEAR	IF UNDER 24 HRS
s afers	37	Male	Whit	-	JUNG	= 17. 1902	2 8	YRS.	MONTHS DAYS	HOURS MIN.
1 3/ 5/2		RIHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BAITH	MORE CITY OR COUNT	Y OF DEATH	
	Ma	aryland	U.S.A		WIDOWE			shington		MD.
1011	10 C1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION		AL OCCUPATION YORK FOR MOST OF WORKING L	126 KIND O	F BUSINESS OR
# 1 TO	Н	agerstwon		ern Mary		enter	-	ck Driver		king Co.
hour be f	USU/	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		138. INSIDE CITY LIMITS	2 Line STORE	ET ADDRESS / ZIP COD		21740
filled ould b				Hagers		YES NO		North Jo		
thin thin	_	THER'S NAME				15 MOTHER'S MAIDEN	NAME			
ed within		William	WIDDLE	Silver	s	Carri	ie	Belle	Mow	
2 0 M		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT		APOTES N.		han St.
e exect	()	ES, NO OR UNKNOWN) IF YES, GIV	E WAR OR DATES	214-05-	7586	Betty J	Silve	rs Hagers		Md.
(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		18 CAUSE OF DEATH (Enter on	lu non couve per			Beery o.	DIIVE	15 mayers		MATE INTERVAL ONSET AND DEATH
hys pop		, PART I. DEATH WAS CAUSE	D BY:	RAIN	dine	espina tu	200	arrest	IA A	INSET AND DEATH
certifing prince		IMMEDIA	E CAUSE (a)	CANI	20,00	-	1	CV	1	11000
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he de		gove rise to immediate cause (a), stating the	(0)							1
by to		underlying cause last.	1000 10,01	R AS A CONSEOU	ADICE OF			-		0
ned plec		PART 2. OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISE	ASE OR CONDITION GI	IVEN IN PART 110	
Then Then to b	NO	COP	D -							
beer mit prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a Al		S, WERE FINDIN	
hos ws	TIFIC						YES	1/	IFYING CAUSES	OF DEATH?
CIAN: The physicio strificate ballingia del fransit and Hygie em 18 sho	CER	21a. ACCIDENT WAS UNDERLYING	110110 4			21c. HOW INJURY OC	CURRED (ENTE	NATURE OF INJURY IN ITEM 18	PART I OR PART 21	
YSICIAI ding ph s certifu burial-tr Mental	AL	OR CONTRIBUTING CAUSE OF DEA	tirt .		AY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OF TOWN	COUNTY	STATE
OING PH or after the e as the marked o	×	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM ETC }	SINEEL		CITY OR TOWN	000111	31416
Africa Af		22a. I certify that № (this hospi	tol) ottended the	e deceased from_		, 19	, to		. 19	that XI (we) last
TTEN Portal TOR for u of Ho		saw the deceased alive an aboye (I) (WeX(did) (did X			, ог	nd that in (my) 💥 💢) opin	nion death occu	rred on the date and ha	ur and from the	couses stated
hosi iREC hed hed ept.		22k SIGNATURE	A)	oner deam.		DEGREE			Th. DATE	SKINID
the the District of the Distri		Horesta /	Falon	so		ATTENDIN PHYSICIAI	MEDIC	AL STAFE OR PHYSICIA	8/13	7/87
HOSPITAL med by the FUNERAL uld be det the State ORTANT:		22d. SICIAN'S NAME (TYPE C	R PRINT	1		22e ADDRESS		1	11	
		Horecita	A. A	alomo		1500 Pe	nnsyll	ama the	Hage	istown
of of short		URIAL, CREMATION, REMOVAL	230. DATE	23c.1	NAME OF C	EMETERY OR CREMATO	ORY 3d LC	CATION	21-16	TO MG
BP	1	Burial	8-18	-87 dre	enla	wn Cemete	ary Wi	lliamspor	t Wach	ington
	24. FU	INERAL DIRECTOR				wn, Md. 250/	DATERESO	Y REGISTRAR 256 REGIS	TRAR'S SIGNAT	MELL
DHMH - 16 60M 7/84 (VRA 15, 4)	A	.K. Coffman	Funer	al Home	e. Ir	ic.	100 41	1901:	New Later and L	ė.

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E. 115 / P. 124 .

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Apprinted and the contract of the contract of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Conf	2	0	
REG. NO			

•	0 0 1100		CEASED NAME	FIRST	/	WIDDLE	01	LAST	20 DATE OF	KNOWN -	MONTH DA	Y YEAR	26 HOUR
	DAUET.			Lolm	und V	Whitfield	Show	reter).		MATED A	18 56	01980	1019
	海芹亚杏属	3 SE	4. R/	ACE	5. DATE OF BIRTH	YEAR 6 AGE (IN			R 24 HRS 2c. DAT		MONTH DA	Y YEAR	2d HOUR
	9.20 P. P.			hite	Dec. 26, 19	72	YRS.	TS DATS HOURS	DEA		8 5	(196)	63
	るる。誰かっ	FC	IRTHPLACE (STATE C	R	76. CITIZEN OF WH	AT COUNTRY?	8 MARRI	ED X NEVER MAR	RIED 9 BALTI	MORE CITY OR	COUNTY OF	FDEATH	
	SAR SA	V	irginia		USA		WIDOW	ED DIVOR	CED 🗆	West	in to	_	WE
	CX2ERE	10 C	ITY OR TOWN OF D	EATH	11. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	12a USUAL OCCU		of work 12b	KIND OF BUI	SINESS
	No. TO		oonsboro			174 Boon		MD.	Roofer		Co	onstru	ction
102	北波のア	13a. S	TATE	113b COUNT	Y	130 CITY OR TOWN	5510N) 1	13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS			
MD. 2120	SA CENT		laryland	Wash:	ingotn	Boonsbor	0		Rt. 3 Bx	174	21713	3	
B	E-202747	14. E	ATHER'S NAME Edward		Field S	LAST		15 MOTHER'S MAI	DEN NAME	MIDDLE		LAST	
ORE,	38000	1				Shumaker, S		Clara	Gat	ton	Maud	4	
LIMO	E STATE OF	160 \	VAS DECEASED EV ES, NO, OR UNKNOWN)	(IF YES, GIVE Y	AED FORCES? WAR OR DATES) II	166 SOCIAL SECUI		17 INFORMANT			3510 26		
MAL	20年20日		yes	WW	11	578-09-	-2816	Edward D	.Shumaker	Temple	Hills	, MD 20	748
1	8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		18 CAUSE OF DE PART I DEATH	ATH (Enter onl	y one cause per line	for (o), (b) and (c),)	1.	1987	4 115	1000	86	APPROXIMATE	
ONS	4 E C % E 4		TAKIT DEATH		E CAUSE (o)	1600	1116	artes	1 42	>			
EST	NOW WOVE		Conditions, if	ann uhiah	DUE TO, OR	AS A CONSEQUENCE	E OF	117					
<u>a.</u>	VITH VCIL NER SAN TAL		gove rise to	immediate	(b)	4566	10	40	7				
*	A SAM		couse (a) stati lying couse lo		DUE TO, OR	AS A CONSEQUENC	E OF		100				
5, 20	DE PORTO		BASY & STUTE AUGUSTA		(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON	EMA BICAGO	z	PART 2 UTHER SIGNIFIC	ANI CONDITIONS C	ONIRIBUTING TO GEATN I	OUT NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 a				
REC	MEAL CR	CERTIFICATION	190. DATE OF OPE	RATION	I 19h CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORMED?			120	AUTOPSY?	
TAL	SE USE	5									1.0		NOB
F VI	HE CONTROLL OF THE CONTROLL OF		210 EXTERNAL CA	USEWAS	21b. TIME OF		21c HC	OW INJURY OCCUR	RED (ENTER NATURE OF II	JURY IN ITEM 18 PA	RT 1 OR PART 2)	AE2 []	NO
O Z	THE VITHE VENT THE VITHE	ALC	UNDERLYING CONTRIBUTING	OR CALISE OF D	HOUR A.M.	MONTH DAY YE	AR						
ISIO	SHOT	MEDICAL	214 INJURY OCCI	IRRED	21e PLACE C	FINJURY (ATHOME.		CATION					
2	ARITA SOL	¥	WHILE AT WORK	OT WHILE	STREET, FACTO	ORY, FARM, ETC.)	5	TREET	CITY OR TO)WN	COUNTY		STATE
	PANA STA		Mark Comment										
	A S S S H S					ribed above, held or			on . Inquiry		in my opinion		
	AMI REC ITH IRYL	130	death resulted fro	om: Nature	ol causes 🔟,	Accident .	Suicide	, Homicide	Undetermined n	anner,		. /	/-
	H, WILL		ACTUAL	CA	//19	Ans		DE TO	rt		DATE	0/71	160
	EDICAL E TE THE 4 SHOUNERAL DEATH, WORE, W	pt.	SIGNATURE	011	0	11	M	0. (317)	1 / MEDICAL EXA	MINER	SIGNED_	101	K)
	A SUN		EXAMINER'S NAM	IE /-// PU	IN De	Hamo		ADDRESS 60	Pak Hil	Du	Heari	farm	am
	PAGE E	23a.B	URIAL, CREMATION	I, REMOVAL 23	B DATE	230 NAME OF C			23d LÖCATION	7 7 7 2	COUNTY		
784	BP	(Buria	1	Aug. 24, 198	B7 Rocky	Gap ME	VET.Cem.		and Alle		Marvl	and
M	DHMH = 17	24 F	UNERAL DIRECTOR		ADDRESS		-	A U BAT		AR 236 REGIST			
	(VR A15 ME (5))	Ma	jor M.Osh	orne	Williams	sport, MD 2	1795						

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		1
	CEASED NAME	FIRST Mai	rian	Brooks	Sm	of Smith	20 DATE OF DEATH	8/14/	187	26 HOUR 5
3. SE			RACE	THE PART	S. DATE C		6 AGE IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
3	Female		White	9	Apri	1 1, DAY 1900 hhl	87	YRS	ONTHS DAYS	HOURS MIN.
7s. B	Ohio	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		OF DEATH	WC
	Williamspor		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I ISPORT NUI	ADDRESS)	PROTHER INSTITUTION Home	12e. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Attorney		INDUSTRY	r BUSINESS OR
13g M	AL RESIDENCE (IF NURSI STATE aryland	NG HOME OR OTH 136 COUNTY Washin		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Big Pool	N	136. INSIDE CITY LIMITS?	13e STREET ADDRESS / Rt.1 Box#		217	
14. F.	Arthur	Broo		Phelps		15. MOTHER'S MAIDEN NAM	Caroline	9	Booth	
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE W		166 SOCIAL SECU 577-34-81		Margaret A,I	ADDRE Reed (item		ove)	
THE PARTY OF	PART I. DEATH W Conditions, if ony, gove rise to imm cause (a), stating underlying couse	AS CAUSED B IMMEDIATE C which mediate g the	DUE TO, OF	R AS A CONSEQUE	les les	mentay &	Cardia	Nest	Im y	MATE INTERVAL DISSET AND DEATH CS
CERTIFICATION	PART 2 OTHER SIGN				1911	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	206 IF YES,	WERE FINDIN	IGS USED
EDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR				но 🗀
MED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WORK	ILE [7]	21e PLACE (OF INJURY SEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I) saw the decease above, (I) (we) (d					nd that in (my) (our) apinion (that (I) (we) last causes stated
	226 SIGNATURE	esson	. /	Zym			MEDICAL STAP	FF CIAN []	B DATE !	14/87
	224 PHYSICIAN'S NA	AAF ITYDE OD DD	HALTA.	/		12a ADDDESS		1	Management	

231 NAME OF CEMETERY OR CREMATORY

Aug. 15, 1987 Smithsburg Crematory

DHMH - 16 60M 7/B4

BP.

should be detoched for use os the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Cremation

Major M.Osborne Williamsport, MD 21795

MASSOUD B ALIZADEL

250. DATE REC'D. BY REGISTRAL EGISTRAR'S SIGNALIRE AUG. 17 987

73d LOCATION

Fredrick St. Haguslan

Smithsburg Washington Maryland

FOR T-STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	1	40	2	
2	4	5	0	
-				

7 ht	R	EGISTRAR		MEL	JICAL EXAM	VILLEK 2	LEKTIFICA	ALEGED	EATH REG	NO.			
/ AU	b	24 01	FIRST	Edwar	MIDDLE		LAST		20 DATE KNOWN OF ESTI-	N N MONTH	DAY YEAR 26 HOUR		
			MAX		E	5P	RFCH	IFP	DEATH MATED	1 Aug	V171987 17		
2.3	SEX	1	RACE	S. DATE OF BIRTH	YEAR LASTE	(IN YEARS IF UN	NDER I YR. IF	UNDER 24 H	Dittie	MONTH	DAY YEAR 24 HOU		
- 100		le	white	Sept. 27	,1919 67	YRS.	NS DATS H	IOURS MIN	DEAD	Aus	9 171087 1AN		
4		THPLACE (STA	TE OR	76 CITIZEN OF WH	AT COUNTRY?	8 MARR	IED X NEVER	R MARRIED [9 BALTIMORE CI	TY OR COUN	TY OF DEATH		
1	Ma	ryland		USA WIDOWED DIVORCED Washington							WE		
34	CIT	Y OR TOWN C	F DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)							x 176 KIND OF BUSINESS OR INDUSTRY		
1		gersto		Washing	ton Count	y Hosp	ital	S	for most of working life) heet metal		aircraft		
	SUAL LIST		F IN NURSING HOME C 136 COUN	OR OTHER INSTITUTION, GIV	13c. CITY OR TO		13d INSIDE CITY I	LIMITS? 13e	STREET ADDRESS				
2		ryland	Washi	ngton	Hagerst	own	YES 🗌	NO 🗆	1740 Howel	1 Road	21740		
U^*	FAT	HER'S NAME		MIDDLE	LAST	901	15 MOTHER'S	r	AME		LAST		
4	1		F. (F.)					ssie			onganecker		
161	(YES	NO. OR UNKNOW	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SEC		17 INFORMAL		ADDE		untare Md		
8	No	-			215 18 2		Ina M	largare	t Sprecher	, nager	rstown, Md.		
4	1	18 CAUSE OF PARTIDEA	DEATH (Enter on TH WAS CAUSE)	ly one couse per line DBY:	for (o), (b), ond (c)	.)		1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	-1			TE CAUSE (o)	CUY		oel	12510	MET		шіч.		
	- 1	Conditions	s, if ony, which	DUE TO, OR	AS A CONSEQUE		1.						
4	1	gove rise	to immediate		17-14		1900	5-65			405		
	- 1	lying cous		DUE TO, OR	AS A CONSEQUE	ACE OF							
	1	PART 2 MINER CIGI	HISICANT CONDITIONS	(c)CONTRIBUTING TO DEATH I	III NOT BELATED TO TH	F TERMINAL DICEAS	C DR COMPLETEN CH						
13	- 1	THE 2 DINER SIDE	THICANI CONDITIONS	CONTRIBUTING TO BEATH	OI NOT RELATED TO TH	T TERMINAL DISEAS	E DE CONDITION GE	IVEN IN PART 1 10					
7	ĕ ŀ	19a DATE OF	OPERATION	196 CONDIT	ION FOR WHICH	OPERATION V	AS PERFORME	D?		_	20 AUTOPSY?		
/	Ĕ										YES NO NO		
3	i l	TIO EXTERNAL	CAUSE WAS	21b. TIME OF		21c H	OW INJURY OC	CCURRED (EN	ITER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAI			
		UNDERLYING	☐ OR G ☐ CAUSE OF E		MONTH DAY	YEAR 9							
	8 1	THE INTURY OF	CCURRED	21e PLACE C	OF INJURY (AT HO)	ME. 21f LO	CATION						
13	2	WHILE AT WORK	NOT WHILE C]	ORT, PARM, ETC.		DINCEL		CITY OR TOWN	COL	UNTY STATE		
				ge of the remains desc	rihed above, held	on Autop	sv 🗍	nspection X	Inquiry ,	ond in my op	2000		
	П	death resulted			Accident .	Suicide	, Homicide		determined monner		moon		
	-1		-	101 20	1		TITLE (SPEC						
_		ACTUAL SIGNATURE_	/	& a. W.	who		.D	Data	MEDICAL EXAMINER	DATE	17ug 17 87		
1				1/1/11/				1.	16	11	_111		
2		EXAMINER'S N	T)	t. N. We	eks		ADDRESS_5	96 No	VThought	HAGE	vs low les		
230	(SPI	ECIFY)	ION, REMOVAL 2				R CREMATORY		LOCATION	COUN	NIY STATE		
-	_	ırial		Aug.20,198		Hill Ce	metery	I	Hagerstown,				
24		NAME		FUNERAL H		W1 01"	250.	DATE REC'D	BY REGISTRAR 25h R	EGISTRAR'S A	IGNA WATHOUTE		
	4.	LO E. W	ilson Bl	Lvd., Hage	rstown,	Ma. 21/	40		- 1001				

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY CEDAR LAWN MEM. PARK

CITY OR TOWN HACE ESTOWN

WILLIAMSPORT 250 DATE REC'D. BY REGISTRAP 250 REGISTRAP'S STONATOR 24 FUNERAL DIRECTOR P.O. BOX348 MARYLAND

Section in the second

h- 200

Other transfer of the state of

06461	8	SEP -3 87 R - STATE REGISTRAR	DEPART
06401	g	SEP -3 HOR - STATE REGISTRAR	DEPAI

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2 4 5 8

	COOTMAN						REG. N	0.						
1. DECE	ASED NAME FIRST		MIDDLE	LAS	T		20 DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	R		
(TIPE ON	Paul	F	DWARD	SNYDE	R			08	29	87	6:3	OP		
3. SEX		4. RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)		ER 1 YEAR	# UNDER			
-	Male	Whit	e	MONTH	DAY	YEAR			MONTHS	DAYS	HOURS	M II		
T. CIDT				11	22	08	78	YRS						
COL	HPLACE (STATE OF FOREIGN		WHAT COUNTRY?	MARRIED	NEVER A	AARRIED -	9 BALTIMORE CITY O	R COUN	TY OF D	EATH				
	Maryland	US		WIDOWED		VORCED	Washingto	on						
10 CITY	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME OR	OTHER INST	ITUTION	12a USUAL OCCUPATI			KIND O	F BUSINE	55 C		
На	gerstown		ern Maryl		nter		Landscap		(IFE) IN	NURS	EY			
USUAL	RESIDENCE (IF NUR	DI HIE INSTITUTION	GIVE RESIDENCE BEFORE									_		
13a. ST A	Vib 411e	OHNV	Cumber 1		3d. INSIDE C YES ₹	NO []	Cumber Land	ZIP CO	DE A	nts '	115	1		
14 FATH	IER'S NAME	9				MAIDEN NAM		31-42	02 1.	0	4.20	- 62		
	FIRST	MIDDLE	LAST			FIRST	WIDDLE			LAS				
		DWARD	SNYDER			ELLIE			McB	EE				
	S DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		7 INFORMA	NT	ADDRE	55						
	NO	201	214-05-	9971 F	CAREN 1	MOORE 8	43 WINDSOR	ROAD	CUM	BERL	AND I	MD		
18	CAUSE OF DEATH (Enter or	ly ane cause per	line far (a), (b), an								MATE INTER	VAL		
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Coronary	Coronary Artery Disease							rs			
	IMMEDIA				7 20 20 - 0	,				100		_		
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ((b) Chronic Pulmonary Obstructive Disease													
	Conditions, if any, which gave rise to immediate	Struct.	tive Disease Years				rs	-						
	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF													
	Cerebrovascular Accident, with Lt hemiplegia									a Years				
P	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
CERTIFICATION														
Y 19	a DATE OF OPERATION	19% CONDITION FOR WHICH OPERATIO			N WAS PERFORMED		20a AUTOPSY? 20b. IF YES, WERE FIN							
Ē							YES NO TO	IN CERTIFYING CAUSES OF DEA			OF DEAT			
H 21	a ACCIDENT WAS UNDERLYING	21b. TIME C		21c HOW IN	JURY OCCURR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)								
	OR CONTRIBUTING CAUSE OF DE			AY YEAR										
2 -	INJURY OCCURRED													
9		218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			211 LOCATION STREET CITY OR			TOWN COUNTY STATE						
	T WORK NOT WHILE AT WORK													
27	20.1 certify that № (this haspi	tal) attended th	e deceased from_	8-10		_, 19_87	8-29		. 19	371	hat XI (v	re) lo		
	saw the deceased alive an 8-29 19 87, and that in (my) (XX) apinion death occurred an the date and hour and from the causes stated above, (1) (Xe) (did) (did XXX) yiew the body after death.													
27	77 SIGNATURE DEGREE								123	22c. DATE SIGNED				
	Herein	0 1	ATTENDING				MEDICAL STAFF 8-29-8				9-87			
25	2d PHYSICIAN S NAME ITTER	amen 1	PHYSICIAN L				DIRECTOR PHYSIC	IAN []			-			
1		m, M.D.	1500 Pennsylvania Avenue											
	100-1	N. A. T.				town.								
	RIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF CEA			23d LOCATION							
(SPE	BURIAL	SEPT 1	1987 CIT	Y OF F	ARSON	S CEMET	ERY PARSONS	TIC	COUN	HECT	T/TD/	Alt		
24 FUN	ERAL DIRECTOR	DELLI	1701 011	I OF I	THOOLY		REC'D BY REGISTRAR				VIII	71.		
	NAME	31 P 11 D 4 -	AODRESS			CED	02 1087 9	what D	の大学	Amala.	-			
	LCOX-MERRITT	UNERAL	HOME CUM	SERLANI	MARY	LANDY	A MINITE OF							

DHMH - 16 60M 7/84 (VRA 15, 4)

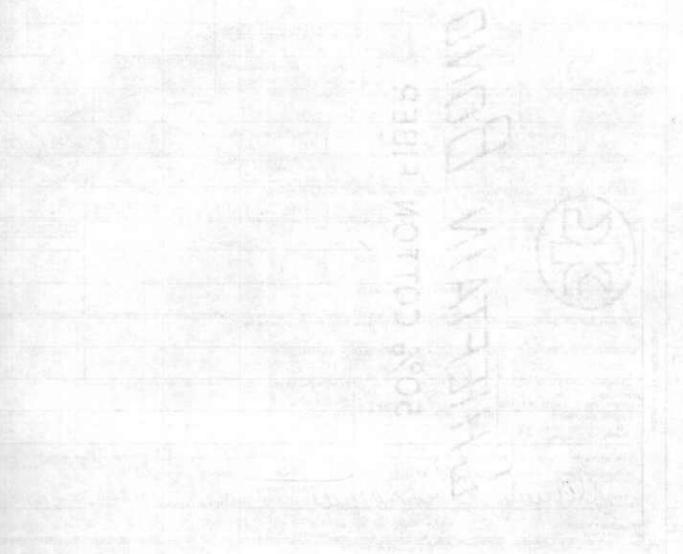
BP.

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SEPOR THE SCALE PROPERTY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ш	. AUG	-01		CEGISTRAK							DER TO TO TE	TO LO		REG. NO.			
0				EASED NAM	NE 3	FIRST		MIDDLE			LAST		20 DATE KI	X NWON	MONTH	DAY YEA	R Zb HOU
	Marin 10 H		(TYPE	OR PRINT)	F	Robert		Les	ter	Sta	arliper		OF DEATH A	AATED	8/	2/ 19 8	7
	ALE SE		3 SEX		4. RACE		S. DATE OF BIRT	TH	6. AGE (IN YE			ER 24 HRS.	2c. DATE	A	MONTH	DAY YEA	
	25 SEC. 2		- 1	male	whit	- 0	MONTH DA		CHO! DIMITI'S	MOIN	HS DAYS HOURS	MIN	PRONOUNC	ED	8/	2/	87 24 HOL
	\$392ED	1		THPLACE (June 18	WHAT COL	2 65 Y	l è				RE CITY OR	COUNTY		
	STREET,	0	FOR	EIGN COUNTRY					DIALK 1 :		IED NEVER MA						
	Z W	-		Maryla Y OR TOWN			USA	_		WIDOW		RCED .		ngton			M
Δ	A HOUSE	69	10. C11	T OR TOWN	OF DEAT	Н	(IF NOT IN SUCH	FACILITY, GIV	E STREET ADDRESS)		IER INSTITUTION		UAL OCCUPA		WORK 12	OR INDU	STRY
1	HO2 46	1		agerst					County		ital					contr	actor
10	SEE SE	1	13a. ST			36. COUNT	OTHER INSTITUTION		TY OR TOWN	ON)	13d. INSIDE CITY LIMITS	113e STI	REET ADDRESS	5			
2	おる所も時	5		Maryla	nd	Washi	ington	Fu	inkstown		YES NO		ntietar	n Trail	ler (Court	21734
9	TANKS.	7	14 FA	THER'S NAM	E		MIDDLE		LACT		15. MOTHER'S MA	IDEN NAM	E MIDI	N.E		TAGE	
2	ES SE			John		F	T.	Star	liper		Delil	ah	M.	ΛE	Ha	ammond	
ō	0.0280	7	Tóa. W	AS DECEASE	D ÉVER II	NU.S. ARM	ED FORCES?		OCIAL SECURIT	Y NO.	17. INFORMANT			ADDRESS			
ALTIN	S AFTER GIVE P ITH FO PAGES VISION			S, NO, OR UNKN NO	OWN)	(IF YES, GIVE W	AR OR DATES)	220	16 286	9	David L.	Star	liper,	Funks	town	, Md.	
- 80	WIT PUN	ŀ		IN CAUSE O	OF DEATH	(Enter anly	ane cause per l	ine far (a), ((b), and (c).)								ATE INTERVAL
IST	ZE SE L			PARTID						clero	otic Card	iovaso	rular F	nisease	2	BETWEEN ON	NSET AND DEATH
PRESTON	2 H O H O N					IMMEDIATE			ONSEQUENCE		Jere cara.	LOVAD	JULIUL L	20000			
RES	N S T S			Canditio	ons, if an	y, which											
٧.	ANNA ANNA					mmediate he under-	(b)	DP AS A CC	ONSEQUENCE	25							
201 V	100			lying ca			00110,	OK A3 A CC	DIAGEO OF IACE	OF .							
	S S S S S S S S S S S S S S S S S S S			DARK A GYNER	LONIE IZ ANIV		(c)										
DIVISION OF VITAL RECORDS,	ENDING" II WEDICAL E AS A BURI		z	PARI Z UINEK	IUNIFICANI	CONDITIONS CO	ONTRIBUTING TO DEA	CIN RUI NOI RI	ELATED TO THE TERM	IINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 to					
EC	"PENDIN" "PE		CERTIFICATION	19a, DATE O	FOPERAT	ION	IIII CON	DITION FO	P WHICH OPER	ATION	AS PERFORMED?	-				20 AUTOPS	cva
¥	WORD "PI WORD "PI E CHIEF / BE USED NT OF HE		N.	THE DATE O	OI EKAI	1014	170. COIN	DITION FO	K WHICH OFER	AIIOII W	AS FERIORMED!						
Z	NOR	4	RTI	21a. EXTERN	AL CALIES	WAG	211 71015	OF INJURY		Laboration						YES X) NO [
0	KHEE SE	4		UNDERLYIN	-				H DAY YEAR	R Zic. He	OW INJURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM TO PAR	T T OR PART	2)	
ON	× = 0 > = 9	7	MEDICAL	CONTRIBUT	ING C	AUSE OF DE		P.M.	19				197				
VIS	TING TING 3 SHO DEPAR		NED.	21d INJURY	OCCURRE	ED		E OF INJUR	RY (AT HOME.		CATION		CITY OR TOWN		COUN	170	STATE
0	WRI ARE		~	WHILE AT WORK	AT WO	ORK	3.6										3171
	RWA RWA R: PA						of the remains	la contrada	have hald so	Auton	sy X, Inspec	🗍	- I	7			
	CERTIFICATE ULD BE FOR DIRECTOR: WITH THE				/			//				1	Inquiry L		n my opin	non	
	AM STIFE STI			death resul	7 / In	Natura	couses XV.	Aciden	" /)"	icide	Hamicide		termined man	ner [],			
	CER CER			ACTUAL	X	4110	HUX	Me	dha	11,1	TITLE (SPECIFY)				DATE	0/2/	07
	SHE SHE	5		SIGNATURE				1	1 101	NUGA	ASSIST	ant MEI	DICAL EXAMIN	1ER	DATE	8/3/	0/
	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL D TER DEATH,	1		EXAMINER'S	NAME	Don	nis F.	Smith	MD			111	Penn St				
	PAGE PAGE AFTE		22 81	(TYPE OR PR							ADDRESS			- 1			
			(5)	IRIAL, CREMA							R CREMATORY	736 L	OCATION YOR TOWN Irpsbur	o Mari	COUNTY	Morra	STATE
07/84 25M	BP			burial			Aug. 6, 19 CH FUNE		At. View	v cem		pna F PEC'D T	Y REGISTRAR	las necuri	DADIE SIG	nar y ra	IIId
	DHMH - 17			NAME			ADDR	FSS		1 01		_					
	(VR A15 ME (5))		415 E.	Wil	son B.	lvd., Ha	agerst	own, Mo	1. 21	740 AUG	061	987 8	ulia Das	uden.	Kongal	•



AND DO 1997 Julio Si mindress

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND	
CERTIFICATE OF DEATH	HYGIENE
LAST	2a. DATI

2 4 5 9

3	17_	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N			
		OP PRINT)	3 ENT	Elwood	STE	VENS	20. DATE OF DEATH	. 1	8/87	26 HOUR 2-40
	3 SEX	Male	4 RACE	L	5 DATE (6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
5	(RTHPLACE (STATE OF FORE COUNTRY) arvland	IGN 76 CITIZEN	OF WHAT COUN	TRY? & MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	ngton	FDEATH	MD
9	10. CI Ha	TY OR TOWN OF DEATH	11. NAME (IF NOT I) Was	OF HOSPITAL, NU SUCH FACILITY, GIVE ! nington (URSING HOME OF STREET ADDRESS! County H	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C maintenance	ION OF WORKING LIFE)	12b. KIND O INDUSTRY aircr	F BUSINESS OR
1	130 S	ennsylvania	COUNTY Franklin	13c CITY OR Wayne	TOWN	13d. INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS 13696 Lowe	zip code er Edge	mont F	Rd. 17268
2	1	George	MIDDLE W.	Stev		15. MOTHER'S MAIDEN NAI FIRST Haze1 17. INFORMANT	ME MIDDLE L.		Rudisi	111
8			W.W. II	S)	0-2380	Mrs. Laurett	a D. Stever	ıs, Way		
1000		18 CAUSE OF DEATH IN PART I. DEATH WAS IMM	CAUSED BY MEDIATE CAUSE to	Card	dio res	1	failure		BETWEEN	MATE INTERVAL ONSET AND DEATH
			icate the OUE TO	O, OR AS A CONS	Servera		Carelus Linal Disease or CON	DITION GIVEN	N IN PART 11	Q
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7	MEDICAL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL F 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	XAMINER)	P.M. CE OF INJURY E STREET FACTORY, OF	19	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		220.1 certify that (1) (the saw the deceased of abave, (1) (me) (did) 22b SIGNATURE	live on S	28 8	.19, o	d that in (my) (aur) apinian DEGREE	death occurred on the d	ate and hour o	and from the	
*	No.	22d PHYSICIANS NAME BIBHA	-	BAN	4DA don	ATTENDING	MEDICAL STA	IAN []	18/ 1AVC	29/8
	(BURIAL, CREMATION, REA SPECIFY) burial	Sept	. 1,1987	Rest Ha	EMETERY OR CREMATORY aven Cemetery	23d LOCATION CITY OR TOWN Hagerston		-	-
		NAAAF	MINNICH F	ADDA	DECC	250. DAT	PO 2 1007.	256 REGISTRA	AR'S SIGNAT	marke.

415 East Wilson Blvd., Hagerstown, Maryland 21746FP MINNICH FUNERAL HOME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI

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3	SEX	4	RACE		5. DATE OF BI		7	6 AGE (IN YE	ARS IF UI	NDER 1 YR.	IF UNDE	R 24 HRS.	2c. DATI	E	MONTH	DAY	YEAR	2d HQU
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14	FA	THER'S NAME FIRST			MIDDLE			LAST		15. MOTH	FIRST MAID	ENNAME		MIDDLE	1641-11		LAST	
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F		18 CAUSE OF	DEATH (Ent	ter only			r(o), (b)	, ond (c).)		11.7						A	APPROXIMATE	EINTERVAL
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	ŧ I	19a, DATE OF C	PERATION		196 CO	NDITIC	ON FOR V	WHICH OPER	ATION W	AS PERFO	RMED?					20	AUTOPSY?	?
	FFC																YES 🗌	NO X
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	-				of the remain				Autop		Inspection	on 🔼 ,	Inquiry	Ш.	ond in my	pinion		
		death resulted	from:	Noturo	ol couses .	A	ccident	L, Su	icide	, Hom	icide	Undet	ermined m	onner _	١.			
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STATE OF MARYLAND

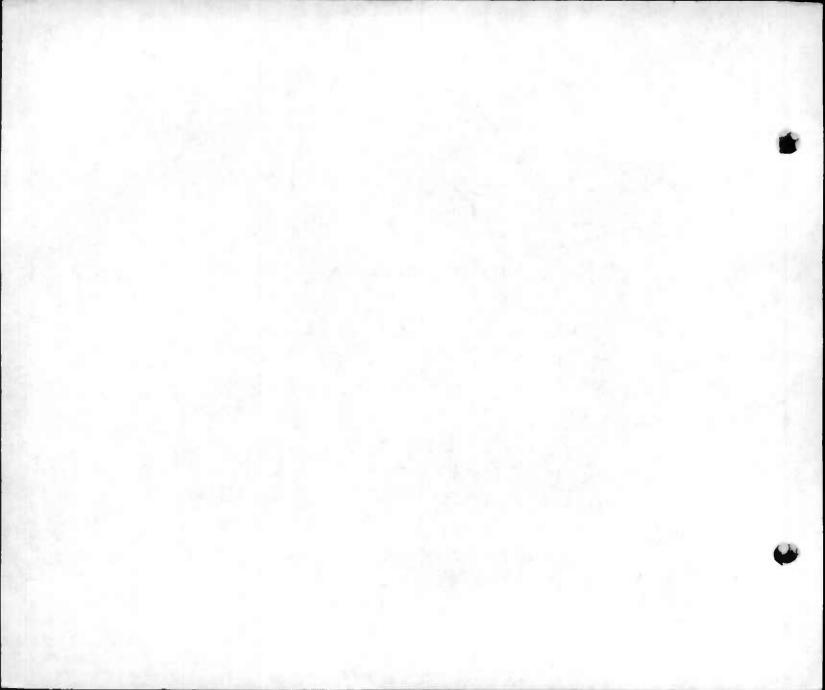
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The Property	إسقا	84		shington	DIEGN		WHAT COUNTRY?	8	D X NEVER M.		BALTIMORE CITY S		OF DEATH	MD.
John .	Control of the contro	10	119	agerstou	un	HVa	HOSPITAL, NURSI	ADDRESS)			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) 1abor		126 KIND OF INDUSTRY aircra	BUSINESS OR
24 hou	nould be	5	M	AL PESIDENCE (IF NURS STATE aryland		other institution ity ington	GIVE RESIDENCE BEFOR 13c CITY OR TOV Funksto			NO 🗌	13e.STREET ADDRESS 2 E. Pop	/ ZIP CODE	. 217	34
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discore	in dipper			18 CAUSE OF DEATH PART I. DEATH W	A (Enter on AS CAUSE IMMEDIAT	ly ane cause per D BY: E CAUSE (a)	line for (a), (b), or Mi	ulti-	System	s Fai	lure		APPROXIMA BETWEEN ON	ATE INTERVAL
death ce	dove corbi			Conditions, if any,	which		R AS A CONSEQU	žheim	ers Di	sease			yrs	(5)
1 1	all cremo		8	gave rise to ima cause (a), statin underlying cause	g the	DUE TO, O	r as a consequ	ENCE OF		8	Maria			
same	Thing of		NOI	Diabete	es M.	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	TO THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART Tra	4-1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r permit	2	TIFICAL	none	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? YES NO X		WERE FINDING ING CAUSES O	
CLAN G physic	med type	9	CAL CE	216. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	
others stands	in the burn	1	MEDI	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR		21e. PLACE (AT HOME STR	OF INJURY REET FACTORY, OFFICE, ONE	FARM, ETC)	211 LOCATION	N	C ITY OR TO)wn	COUNTY	STATE
MALIE OF STREET	for one of Healt			22a.1 certify that (1) saw the decease abave, (1) (we) (a	d alive an	Aug	9 10	27		ur) apınian d	eath accurred on the d	ate and haur	9_87_ the	at (1) (we) last
At OR	detoched otte Dear			226. SIGNATURE	1. h), Le.	Lno		DEGREE AT Ph	TENDING HYSICIAN	MEDICAL STA	FF CIAN []	8-10	
PHOSPIT OF THE PROPERTY OF T	modd bed	1		William			.D.		411 Di	ivisio	on Ave Ha	gersto	own, Mo	d.
BP_	213		bi	iurial, cremation, specify) irial			Ce		emetery or cr awn Mem		23d LOCATION CITY OF TOWN Hagersto	wn, Wa	shingto	n, Md.
DHMH - (VRA	16 60M 7	'B4		INERAL DIRECTORM			ADDRESS	Md.	21740	4 (2)	REC'D. BY REGISTRAR		AR'S SIGNATUR	

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VOID DEATH CERTIFICATE NUMBER ---87-24594





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYTAND 21201 TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicial in should be detached for use as the buriol-transit permit. Then please remove carbanpapers, the with the State Dept. of Health and Mental Hygiene priar ta buriol, crematian, ar removal TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate retained by the hospital or ottending physician.

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

2

87	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	IENE / 2	4 5 9 5
	PECEASED NAME FIRST PE OR PRINT) IRA	1	BOSTON	TE	ETER	20 DATE OF DEATH	MOSTIN DA YEAR THE HOUR
3 S		4 RACE 5. DATE C			OF BIRTH	6 AGE (IN YEARS LAST BH	MONTHS DATE HOURS
1	Male	Whi		10	4 08	18	YRS
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	USA		8. MARRIE WIDOWE	DIVORCED	Washington	OR COUNTY OF DEATH
1	lagerstown	Wester	n Marylan	adoress) d Cen	ter	170 USUAL OCCUPAT ITYPE OF WORK FOR MOST Self-emp	OF WORKING LIFE) INDUSTRY
5 13a	710	ROTHER INSTITUTION NTY Gany	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	Rt. # 2	ZIP CODE 83 21530
9	FATHER'S NAME FIRST Blaine	MIDDLE	Teeter		15. MOTHER'S MAIDEN NAME Cora	WIDDIE	Shreve
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	213-24-		Audrey M.	Nazelrod	Cumberland, Ma
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b)	DR AS A CONSEQUE	ENCE OF	0	Mord + rig	
CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH"
- 0	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY L.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE F	ARM, ETC)	ZIF LOCATION STREET	CITY OR IC	OWN COUNTY STAT
	22a.1 certify that X) (this hasp sow the deceased alive or above (1) (XXI did) (dXIX			, or	nd that in (my) (MOM) apinion (, to deoth occurred on the d	, 19, that (K (we ote and hau) and from the causes state
/	276 SHOW TURE	PAL	Pelan		ATTENDING PHYSICIAN [MEDICAL STA	
23a	BURIAL, CREMATION, REMOVAL	236 DATE	Pa 10 ml		EMETERY OR CREMATORY	De LOCATION	uder, Hagerstown M
	Burial	Aug. 1	7.1987	flend	lale Cemeter	y Flints	tone Allegany M
	FUNERAL DIRECTOR		ADDRESS				256 REGISTRAR'S SIGNATURE
1	William G. Ki	ght	Cumber1:	and	MD AUG	2.4 1987	Julia Devidion Randall

Self-employed farmar Slintstone	
Filintations Flantations Feetor Feetor Feetor Flantations Flanta	
Soli-employed farmor Flintetone MR Rt. 4 2, Box U3 21530 Teeton Cora Shreve 213-24-5185 Audrey M. Makel od Cumberland, 1d.	inlo ofnil
Flintstone XX Rt. # 2, Roy US 21530 Teeter Core Shreve 213-24-5185 Audrey M. Maxelrod Cumberland, 1d.	U. Va. U
Teeter Shreve Shreve 213-24-5185 Audrey M. Makelrod Cumberland, 1d.	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4 ESISTRAR		ME	DICAL EXAMINE	R'S CERT	IFICATE	OF DEA	TH "	REG NO.		}	-
I. DECEASED NAM	E FIRST		MIDDLE	LAST			20 DATE KNO	WN F	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	V 7	THLEEN	Margie	TRIMBL	E	100	OF ES)	8-5-8		
3 SEX	4. RACE	5. DATE OF BIRTH		S IF UNDER 1	_	ER 24 HRS	2c. DATE		МОНН	DAY YEA	IR 2d HOUR
female	white	Oct. 1,	1959 LAST BIRTHDAY	MOITING D	YS HOURS	MIN	PRONOUNCED DEAD		8-5-8	7 19 1	10:54P
70. BIRTHPLACE (5	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	MARRIED [NEVER MAI	RRIED 🗍	9 BALTIMORE	CITY OR	COUNTY	OF DEATH	
Washing	gton	USA		WIDOWED [Washir	atan (Count	V	MD
O CITY OR TOWN	OF DEATH	II. NAME OF HOS	SPITAL, NURSING HOME,	OR OTHER IN	TITUTION		AL OCCUPATE	ON (TYPE O			BUSINESS
Hagerstov	vn		on County Ho	spital	· Prid		NOST OF WORKING	tirej	0.41	OK II VOO) I K I
SUAL RESIDENCE	(IF IN NURSING HOME (OR OTHER INSTITUTION, GI	NE RESIDENCE BEFORE ADMISSION	٧)	SIDE CITY LIMITS?	lin cro	FFT ADDDECC				
Maryla		ington	Hagerstown		X NO [EET ADDRESS	ward	St.	217	40
4 FATHER'S NAME					OTHER'S MAI						
Ha1		MIDDLE	Kelly	3.7	Maria	n	MIDDLE		Rri	iner	
60. WAS DECEASE	DEVER IN U.S. AR		16b SOCIAL SECURITY	NO. 17. IN	FORMANT		A	DDRESS	DLI	IIICI	
NO. OR UNKNO	(IF YES, GIVE	WAR OR DATES)		To	m Rlaci	klin.	Hagerst	own.	Md.		
	E DE ATH (Enter or	ly one cause nes line	e for (a), (b), and (c).)	110	m Diaci	ici ili j	nagerbe	.Own,	110.	APPROXIM.	ATE INTERVAL
PARTIDE	ATLANACE MALLER	P DV	ead and neck	inium	000					BETWEENON	SET AND DEATH
	IMMEDIA		AS A CONSEQUENCE OF		Les						-
Conditio	ns, if ony, which		AS A CONSEQUENCE OF							- 3 17	
gove ri	se to immediate	(b)									
lying cou) stating the <u>under</u> - use last.	DUE TO, OR	AS A CONSEQUENCE OF	-						1 10	
ACT CONTRACTOR		(c)									
	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CD	NDITION GIVEN IN	PART 1 (a).					
196. DATE OF				51500						U	
3 190. DATE OF	OPERATION	1% CONDI	TION FOR WHICH OPERA	TION WAS PE	RFORMED?					20 AUTOPS	Y?
									250	YES X	NO 🗆
21a. EXTERN	AL CAUSE WAS	HOUR AN		21c HOW IN	JURY OCCUR	RED LENTER	NATURE OF INJURY I	N ITEM 18 PAR	RT 1 OR PART	2)	
UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH 10:10	PM 8-5-87,	subje	ctjumpe	edin	the pat	h of	onco	ming s	vehicle
21d. INJURY	OCCURRÉD		OF INJURY (AT HOME,	211 LOCATIO	N		CITY OR TOWN		COUN		STAIF
WHILE AT WORK	NOT WHILE [hgwy		Dual 1	TOWN -			shin			yd.
				Autopsy	A lospect		rage _				
and the same of	and the second		scribed above, held an	ſΫΊ	. Inspect		Inquiry L		in my apin	ION	
death result	ed Iran	rol couses L	Accident L., Suic		Hamicide L		ermined manne	, L.,			
ACTUAL	MOW	LE A	Mull		rle (SPECIFY) Ssistar	+			DATE	0_6_0	7
SIGNATURE	ww	Jo-			o Lo Cal	MED MED	ICAL EXAMINE	R	SIGNED	8-6-8	3 /
EXAMINER'S (TYPE OR PRI	NAME MA	rgarita A	. Korell, M.	D. ADDR	Ess1	lll Pe	nn Stre	et			
130 BURIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF CEMI	ETERY OR CRE	MATORY	23d LC	CATION		COUNTY	,	STATE
cremat	ion	Aug. 10, 19	87 Smithsbur	c Crem	atory	Smi	thsburg	. Wa			and

MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT PA AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DIVISIONE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

06409	9 5 AL	1/6	REOBINAN		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	23	7
N 7 10		0	CEASED NAME OUIS FIRST OR PRINT) LOUIS	`	LIAM W· Va	Silad	ADIOTIS	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
A 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		3 SE	MALE	4. RACE Cauca	sian	5 DATE C	e 11, 1908	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
# 12 E	29		RTHPLACE (STATE OR FOREIGN Pennsylvania	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	Washington.	NTY OF DEATH	MD.
s offer d	n	1	Hagerstown	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET N VILLA N	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Distrib.Bake:	NG LIFE) INDUSTRY	Arnold (
nC	18	13a S	AL RESIDENCE (IF NURSING TOME OF STATE PROPERTY COUNTY COU		13c. CITY OR TOW Frederi	N	134 INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP C	ODE	F 13 J. 41
1	100		THER'S NAME William	MIDDLE L.	Vasiladi	otis	Termy		Angouras	st
	1	160 V	VAS DECEASED EVER IN U.S. AF (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	579707-9		Mrs. Elizab	ADDRESS eth Vasiladiot:		sswood Ra
			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse pe ED BY TE CAUSE (o)	r line for full by fun	06	dry the	fulosit.	BETWEEN	M21170121H
gues, that the death c	in the riol, cremotion, or live, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)_	PR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART TH	0
he low re her been permit. T	y y out	TIFICATIO	1% DATE OF OPERATION	IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDS RTIFYING CAUSES YES []	
CIAN. T g physic sertificate iol-transi	9	CAL CER	25s. ACCIDENT WAS UNDERLYING DECONTRIBUTING C CAUSE OF DE OF CONTRIBUTING C CAUSE OF DE OF ETHER MODIFF MEDICAL EXAMINE	AZH HOUR A		AY YEAR	TIL HOW INJURY OCCURR	ED (entre nature of milier in the	CIE FART L ORFART 2)	
offerding the files	h and M	MEDICAL	THE INJURY OCCURRED WHILE D NOT MINE D AT WORK D AT WORK		OF INJURY REST. FACTORY, OFFICE, S	V.G	216 LOCATION	can as fown	coen	STATE
ATTENDIR Aprila or CTOR: A	at Healt		22s.1 certify that (1) (this bosp caw the deceased over an above, (1) we stided that is	01200	19_		CANAL CONTRACTOR OF THE PARTY O	to to		that (I) (we) fast course stated
y the bo	AT. II has		THE SIGNATURE FOR	Lugal	4			MEDICAL STAFF	274	HIGHES
D HOSPIT hoined by O FUNER	WPORTANT		the La	RACIZ	abol		782 for Ju	s droeprof 1	the get iten	1.64-
BP	_		BURIAL, CREMATION, REMOVAL SPECIFIE LILL LAL	236 DATE 8-22-	1987 P	arkla	wn Cemetery	Rockville, N	ontgomer	y, Md.
DHMH - 16 6		R	E DAILEY & SON	ey///	1201 N. Frederi	Mark	et Street 250. DATI	REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNAT	. Kondon

DHMH - 16 60M 7/84 (VRA 15, 4)

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063526 AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO

2	6.	5	7	Ç
10				- 75

		CEASED NAME	FIRST	A	AIDDLE		AST	20 DATE OF DEATH MONTH DA	T TEAR	26 HOUR
	TITPE		mer	tine		NO	LENECK	August 19,195	27	407 AM
	3. SEX			4. RACE		5. DATE C		6 AGE (IN TEARS LAST BIRTHDAY) IF	UNDER I YEAR	IF UNDER THEHRS
	f	emale		white		Nov.	11, 1897 YEAR	89 YRS MO	NIHS DAYS	HOURS MIN
ä	7a BIF	RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	8	_	BALTIMORE CITY OR COUNTY O	FDEATH	
þ		irginia	237	USA		WIDOWE	DIX DIVORCED	Washington Co		MD.
J	-	TY OR TOWN OF DEA	ATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
2	140	acrotow		A .	HEACILITY, GIVE STREET A	NOORESS)	in Hime	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY	
7	SUA	L RESIDENCE HE NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION))	1		
2		aryland	Wash	ington	Hagerst		YES XX NO \(\)	530 E. Franklin	St.	21740
	_	THER'S NAME					15. MOTHER'S MAIDEN NA	AME		-17.10
		Andrew	N	J.	Croft		Gabrella	MIDDLE	Dods	on
	16a W	AS DECEASED EVER	IN U.S ARA		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRESS	2003	OII
		ES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215 20 8	710	Frank I Va	longale Uncomptorm	M.J	
۱	11	o 215 20 8718 Frank L. Voleneck, Hagerstown							MATE INTERVAL DNSET AND DEATH	
ı	131	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Metastatic Cancer							4 V	rs
		IMMEDIATE CAUSE (0)								
				DUE TO, OI	R AS A CONSEQUE	NCE OF	Cancer of	f cervix	4 y	rs
1	. 3	Conditions, if ony, gave rise to imm	nediate	(b)					0	
	9	cause (a), statin underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF			E 59	
		DART 2 OTHER SICK	LIEIC ANIT C	(c)	NITRIBUTING TO D	EATH BUT	NOT BELATED TO THE TER	ANNAL DISEASE OF CONDITION CIVES	LALDADI	
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN Diabetes M; COPD; Coronary artery Disease; Organic Brain								
7	ATIC	198 DATE OF OPERATION 196 CONDITION FOR WHICH							WERE FINDIN	
1	CERTIFICATION	None						YES NO YES	NG CAUSES	OF DEATH?
es.	CER	210 ACCIDENT WAS UND		1100110 4	FINJURY M. MONTH, DA	V VEAD	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	1 OR PART 2}	HATTE
-	AL	OR CONTRIBUTING			NA	19	N/A	A.		
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE			21f LOCATION	CITY OR TOWN	COUNTY	STATE
	E	WHILE NOT WE AT WORK	RK R	(AT HOME SIR	NA OFFICE FA	ARM, ETC.]	31000	_	-	-
						dota	28 90 . 19 85	10 Avenuet 19 19	57	that (I) (we) last
		saw the decease abave, (I) (we) (a	ed olive an	August	ofter death	<u> , or</u>	d that in (my) (our) opinion	deoth occurred on the date and hour o	ind from the r	causes stated
	0.1	226. SIGNATURE	. 1 /	7	ories dedin		DEGREE		22¢ DATE	
		W	1 40	ST WE	?		ATTENDING -	MEDICAL STAFF DIRECTOR PHYSICIAN	8-19	-87
		22d. PHYSICIAN'S NA			30	7	22e ADDRESS			8#.3
		William	W. I	esh M.	D.		411 Divis	ion Ave Hagerst	own,	wia.
		URIAL, CREMATION,	REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		(2.11)
		urial		Aug.21	,1987 Ro	se Hi	11 Cemetery	Hagerstown, Was	h., Ma	ryland
	24 FU	INERAL DIRECTOR	MINN		ERAL HOME		25a. D.A	ATE REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATI	URE
	4	15 E. Wils	on B1	vd., Ha	gerstown.	Md.	21740	10.2 1 1987 Jane	udon-1	

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/B4 (VRA 15, 4)

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abbys niero	0.88 % ; FE 90.0 V	serre vrancaoù (LEC); enfedalu Buc
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abines miare	0.88 % ; FE 90.0 V	sare vasnonov (La V ; saredažu

10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and Armer hely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page. The should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner

r must be notified of once.

	STA	TE O	F M	ARYL	AND	
DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYC

GIENE CERTIFICATE OF DEATH

		FOR STATE TEGISTRAR	DEP	ARTMENT OF HEALTH AND MENT	TH O /	4599
4			MIDDLE	LAST	REG. NO	
1		OR PRINT)	P	12-1-16	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ı	3 SE)	Cleanor	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 21 HRS
	3 367	Female	Caucasian	MONTH / DAY /	YEAR GA	MONTHS DATS HOURS MIN.
d			CITIZEN OF WHAT COUN	MARRIED NEVER MARR	9 BALTIMORE CITY OR COU	
0		W"York	U.S.A.	WIDOWED DIVOR	washing ton	County MD
	H	lagerstown	Colton VII Q	Jursina Center	IZO USUAL OCCUPATION LITARE OF WORK FOR MOST OF WORKIN	HOSPital
2	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR OF TATE ND . 136 GOUNT		JOWN 134 INSIDE CITY LI		Hagerstown, MD. 21740
	14 FA	THER'S NAME FIRST M	IDDLE 1A5	15. MOTHER'S MA	IDEN NAME	LAST
		Charles	Buell	Julia	7 605 1	Pomerov
1		VAS DECEASED EVER IN U.S. ARM		34-0782 Eleano	DOXOODADDERSS	0 04740
١		110	214-	74-0104 Eleand	or Funk Hagerst	own, MD.21740
ı		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (l	b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		IMMEDIATE		Carage a	2281-	
1			DUE TO, OR AS A CONS	EQUENCE OF	4 .	
		Conditions, if any, which gave rise to immediate	(1b) Se	und Delus	ule	
1		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF		
			((c)			
	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing</u>	THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1 o	
7	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORME		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
4	RTIF				YES NO	YES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.) 211. LOCATION STREET	CHYORTOWN	COUNTY STATE
1		AT WORK AT WORK				TECHNOLISM.
1		220 I certify that (I) (this hospita				, 19, that (I) (we) last
		saw the deceased alive an obove, (I) (we) (did) (did not)	view the bady after death.		apinian death occurred on the date and	
1		226 SIGNATURE	001	DEGREE	NDING MEDICAL STAFF	221 DATE SIGNED
4			(1/4	PHYS	CIAN DIRECTOR PHYSICIAN	10/13/87
		224 PHYSICIAN'S NAME (TYPE OR		171e ADDRESS	Du Hill Are LI	1. 1
		ABOUL WA	THEREI) aur	1000-	1015 1111 11/15 11.	MELS(SUN. W)
		URIAL, CREMATION, REMOVAL	23b. DATE	236 NAME OF CEMETERY OR CREM	MATORY 23d LOCATION	AGELS(SUN. WI)
	- (Burial		231 NAME OF CEMETERY OR CREW St. Pauls Cem.	MATORY 23d LOCATION CIPYORTOWN Clear Spr:	ing, Wash. MD.
	- (SPECIEV)	236. DATE		CITY OR TOWN	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 2 4 6 0

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REG	NO		

064191 AUG	31	FOR BZISTRAR			EALTH AND MENTAL HYGI	REG. NO.	600
oy be death	1. DE (716	Gilbert	Edward WY	7TS	SONT.	PUPUST A	DAY YEAR 26 HOUR 1987 7:35 M IF UNDER YEAR IF UNDER ZAMES
oge 4 m	1	Male	White	June		71 yrs	MONTHS DATS HOURS MIN.
11835	We	est Virginia TY OR TOWN OF DEATH	United States NAME OF HOSPITAL, NURSIN	WIDOWE		P BALTIMORE CITY OR COUNTY Washington 124 USUAL OCCUPATION	Caunty MD.
10 M	He	rgerstown	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	ADDRESS)	OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING LE	
23	13a Ma	aryland Wash	ington Hancock		YES X NO	136.STREET ADDRESS / ZIP CODE 133 E. Main Stre	
1 3 2/2		The second secon	Edward Watso		Dora Dora	MIDDLE	Presgraves
TIMORE, Pages of control of contr	160 \	VAS DECEASED EVER IN U.S. AR NO UNKNOWN) (IF YES, GIT	rmed forces? 166 SOCIAL SECU VE WAR OR DATES) 234 22 6		B.Marie Watso		ashington St. ings,West Va.25411
T., BALI tificate i physicia noced went, the		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ar ED BY (TE CAUSE (a)	d IC			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTONS out the death are by the attending site remove corbis correction, acro other froumatics		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	#0	Aseva	le CVA	unnedicte 425
Insurance of the companies of the compan	ICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	old	NOT RELATED TO THE TERMI		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
SCIAN The options to centroms	ICAL CERTIFICAT	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	R) P.M. MONTH D	AY YEAR		YES NO YE	ES NO PART 2)
VISION OF PRET	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDRA ST PECTOR At and far soft in an all the soft in me 21 is me		220.1 certify that (1) (this hasp	oital) attended the deceased fram_ n19 at) view the bady after death.		, 19 nd that in (my) (aur) apinion o	, ta, ta	19, that (I) (we) last ut and from the causes stated 22c DATE SIGNED
A TA A A A A A A A A A A A A A A A A A		22d PHYSICIAN'S NAME OF TYPE	y y		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8-24-87
Special of the second of the s		W. B. KA	NGJAN		1933 Va.	Ave Hagers	Town, Md 21940
ВР		BURIAL, CREMATION, REMOVAL	CONTRACTOR	one Bi	emetery or crematory idge	Hancock, Washir	
DHMH - 16 60M 7/84 (VRA 15, 4)	24	UNERALDIRECTOR AME	Otherse the	was	K MO AUBAT	ZEB. 1989/stran 256 regis	order Rendals

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate the executed entitling a page of moy be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and computative find to the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remind. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic entrangement of them entrangement of the property of the state of the
DIVISION OF VII AL RECORDS, 201 W. P.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please ren	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remit. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic entitlements.

63718 AUG 2		KEGISTRAK				MENT OF I	ICATE OF	MENTAL HY	3 /	REG. N	2 4	6 0	
e 65		OR PRINT)	FIRST		MIDDIE		AST		20 DATE C	F DEATH	13	DAY YEAR	26 HOUR
noy be poge 3 r deoth	0.05		OSCAR	MIL 4. RACE	ION	WILH Is DATE			6 AGE (IN			IF UNDER 1 YE	AR IF UNDER 24 HR
ge 4 m ector, p	3. SEX	MALE		WHITE		MONT 2		OĬ ^{EAR}	86		YRS	MONTHS DAT	S HOURS MIN
macol din 72 hou	C	RTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW		MARRIED DIVORCED			_	OUNTY	٨
tiefer d	10. CI	AGERSTOW	The state of the s		HOSPITAL, NURS II	ADDRESS)		SPITAL	12a USUAL (TYPE OF WO	OCCUPAT	OF WORKING		
LAND 2120	USUA 130. S	AL RESIDENCE (IFN	136 COUN	OTHER INSTITUTION ITY		E ADMISSION)	13d. INSIDE YES 🙀	CITY LIMITS?	13e STREET		/ ZIP CO	DE A	1740
AARYLAND		ACOB	MILT		WILHIDE		Н	ALLIE	ME	ADDR	ne e	V	ATERS
BALTIMORE one be execu-		VAS DECEASED EV ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECT	JRIIY NO.	17. INFORM	s M. WIL	HIDE				
ST., BAI	4	18 CAUSE OF DE PART 1. DEATH	WAS CAUSE	ly one couse per D BY: E CAUSE (o)	Respira		failur	e					oxmate interval en onset and death mediate
		Conditions, if o		DUE TO, O	RAS A CONSEQU Hypoxic		phalop	athy	13.			mo	nths
es that the death or led by the attending please remove cortural, cremotion, or other troumotic.		gove rise to couse (a), sta underlying coi	oting the	DUE TO, O	r as a conseou	ENCE OF							
	ATION	PART 2 OTHER S	IGNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEA	SE OR CON	NDITION C	GIVEN IN PART	110
VITAL RECORDS, No. The low requir vysicion. vysicion. Cote has been signoroust permit. There Hygiene prior to b. Ill shows ony injur	CERTIFICATI	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUT	OPSY?	IN CER	YES, WERE FINITIFYING CAUS	DINGS USED ES OF DEATH?
AN. The physicic inficote infi	GR	21a. ACCIDENT WAS	-	216. TIME C	OF INJURY M. MONTH D	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTERN				

P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION STREET 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

22a.1 certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive on above. (I) (we) (did) (did not) view the body after death.

226. SIGNATURE DEGREE 220 DAJE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

224. PHYS 22e ADDRESS

MIDDLETOWN 23a BURIAL CREMATION REMOVAL 23b. DATE

(SPECIFY) 8-18-87 BURIAL LUTHERAN CEMETERY

24 FUNERAL DIRECTOR POTOMAC ST. GERALD N. MINNICH HAGERSTOWN, MARYLAND

AH - 16 60M 7/84

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(VRA 15, 4)

BP.

VIII 2.4 1987

063125 AUG

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Q R	REGISTRARMARY ED	ITH WI	LLIAMS	CERTIF	ICATE OF DEATH	REG I	10		1	
	CEASED NAME FIRST MARY		Edith	W	illiams	20 DATE OF DEATH	8 13	IF UNDER TYEAR IF UNDER 24 MM NYI IF UNDER TYEAR IF UNDER 24 MRS MONTHS DATS HOURS MIN. OUNTY OF DEATH COUNTY MD. IZB KIND OF BUSINESS OR INDUSTRY P CODE 17213 LAST LOVE 1AST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YES NO NO TITEM 18 PART 1 OR PART 2) TITEM 18 PART 1 OR PART 2) TOUNTY STATE 19 that (II (we) last and hour and from the couses stated 120. DATE SIGNED		
3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST E				_
1	emale	White		Apri	1 22, 1917	70				
	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	MARRIE	NEVER MARRIED		_			
	ennsylvania	U.S.Z		WIDOWE C	D DIVORCED DIVORCED	12a USUAL OCCUPA		- at	E BLISINESS	
	agerstown				Hospital	Housewi	OF WORKING LIFE!		7 00311423	
130 5	AL RESIDENCE IF MURSING HOME OF TATE 13b COU Hunt	NTY	134 CITY OR TOV	WN		Route #	ZIP CODE	1/12	13/1	1
19 FA	William	M.	Smit	h	15. MOTHER'S MAIDEN N	MIDDL€				
16a V	VAS DECEASED EVER IN U.S. A		16h SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS			
- (YES NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	166-32	-4648	Irvin T.	Williams	Blair	s Mil	ls, I	Pa
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	(b)	ITION FOR WHIC	JENCE OF	N WAS PERFORMED	RMINAL DELASE OR CO 200 AUTOPSY? YES NO JERED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH	?
MEDICAL C	OR CONTRIBUTING CAUSE OF DI (IF EITHER MOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE	R) P	M. MONTH (M. OF INJURY REET FACTORY, OFFICE	19	211. LOCATION STREET	CITY OR	IOWN	COUNTY	STA	16
	270.1 certify that (1) (this hosp sow the deceased alive o above, (1) (we) (did) (did n 27b. SIGNATURE	n	19_	, ai	DEGREE ATTENDING PHYSICIAN	n death occurred on the	dote and hour	ond from the	couses state	
	ABDUL L	AHERI) un	NAME OF T	1610 - OA	KHYC AU	E. HA	JER (TO	DWN.	W
-	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	8-16			Cemetery OR CREMATORY	CITY OR TOWN	Mills	Hunti	inado	Pa

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit.
with the State Dept. of Health and Mental Hygiene prior

morked or Nem 18 shows any

IMPORTANT: If Nem 21 is

24 FUNERAL DIRECTOR

FOR

...Hagerstown, Md Coffman Funeral Home, Inc.

Blairs Mills, Huntingdon, ECCD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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Participated to add a contract that are also not provided to a contract the contract to the co

June solpaines

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	STA	TE	OF	M	ARYL	AND		
DEPARTMENT	OF	HE	ALT	Н	AND	MENT	AL	Н

YGIENE CERTIFICATE OF DEATH

REG. NO. 6

B18	FOR 7STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. NO.	4	60	3	
	CEASED NAME	FIRST	- '	MIDDLE	L	AST .	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
(TYPE		Irene	E	lizabeth		WOLFE	August	31, 19	87		
3. SE	X	4 R	ACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 2	
F	emale	70.6	White		May		80	YRS	ONTHS DAYS	HOURS	
	IRTHPLACE (STATE OR F	DREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	OF DEATH		
	laryland		U.S.	Α.	WIDOWE		Washingto	n			
	ITY OR TOWN OF DEA	TH 11.	NAME OF I	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	126. KIND O	F BUSINES	
	vetown		Route				Nurse Aide	* WORKING (IFE)	Hospi	tal	
13a S	AL RESIDENCE (IF NURS) STATE Id.	NG HOME OR OTH 136 COUNTY Wash		13c CITY OR TOW Cavetown	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	P. O. Box		21	720	
14 FA	ATHER'S NAME FIRST Cyrus	MIDO	AIDDLE Smith			15 MOTHER'S MAIDEN NAME Sarah	me Ellen	1	Ker	dall	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS			
	YES, NO OR UNKNOWN)	(IF YES, GIVE WA	ve war or Dates) 213-16-0			Eugene W. Wo	olfe, Caveto	wn, Mo	1., 217	720	
CERTIFICATION	PART 2 OTHER SIGN	IIFICANT CON				NOT RELATED TO THE TERM	200 AUTOPSY?	20b IF YES,	WERE FINDING CAUSES	NGS USED	
₫							YES NOTA YES NO				
_	710. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DEATH	HOUR A.M. MONTH DA			21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
MEDICAL	21d INJURY OCCURRED 21s. PLA			PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET			CITY OR TO	WN	COUNTY	51	
	220. I certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19										
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS									28	
	Char			255 M.	-	Smiths		MD			
	BURIAL, CREMATION, (SPECIFY) Bur		Sept.2		NAME OF C	emetery or crematory ourg Cemetery	Smithsbur		ash",	Md	
24 F	Davis Fune	ral Ho	me. Si	ilthsburg	en	250 DAT SEP	4 1987 Au		AR'S SIGNAT	TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

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THE REST AND LOCAL PROPERTY OF THE SEPA 1987 ALL MANAGEMENT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

063935 AUG 27 87 REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 7h HOUR **EVANGELINE** NOOD R SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female White 1899 Oct. 87 TO BIRTHPLACE ISTATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WASHINGTON New York WIDOWED DIVORCED [ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) **INDUSTRY** Williamsport Williamsport Nursing Home Teacher School USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS Washington Williamsport ESXX 154 N. Artizan Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Durning Eva Flagg Peter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 224 58 2910 Claude D. Woodruff Davidson, Md NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY erebra IMMEDIATE CAUSE (o). Infarct Conditions, if ony, which maken gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 71h TIME OF IN JURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d IN JURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 270 I certify that (1) this haspital) attended the deceased from 8-13 85 sow the deceased alive on 3-13
obove (1) we) (did idid not view the body after death and that in (my our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/15/87 27d PHYSICIAN'S NAME (TYPE OR PRINT) 18201 Marden Lane, Olney, Md. Ted E. Howe M.D. 73c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Page Adventist Cemetery 8/19/87 Stanley Va. Burial 250. DATE RECED BY BEGISTRAR 256. REGISTRASS NO A 4 FUNERAL DIRECTOR P.O.BOX # 348

DHMH - 16 50M 1/81 (VRA 15, 4)

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* be deto FUNERAL

MPORTANT

Major M. Osborne Williamsport, MD 21795

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188 6 8 6 AB

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VR A15 ME (5))

VOID DEATH CERTIFICATE NUMBER ---87-24709

